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**RACIAL IDENTITY IN MARRIAGE AND FAMILY STUDENT THERAPISTS –
A QUALITATIVE ANALYSIS OF THERAPIST DEVELOPMENT**

By

Kristine Marcia Andrews

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ABSTRACT

RACIAL IDENTITY IN MARRIAGE AND FAMILY STUDENT THERAPISTS – A QUALITATIVE ANALYSIS OF THERAPIST DEVELOPMENT

By

Kristine Marcia Andrews

Though significant research has been conducted in recent years regarding race and therapy, there has been a dearth in the research regarding therapists' racial identity, specifically how it affects their development as clinicians. This study was conducted to contribute to the growth of multicultural awareness in the field of marriage and family therapy. The purpose of this research study was to qualitatively explore, describe and analyze the role of ecological factors in the development of African American female student therapists. Specifically, research examined therapist development based on how therapists defined racial identity, explored influences of families of origin, understood the impact of graduate training, interpreted clinical experiences, and managed the role of power in therapy. By having the therapist address her development as a product of racial identity's influence on various ecological constructs, awareness was raised regarding the impact that racial identity may have not only on her own development, but also on clients and the therapy process. This study adds to the limited research regarding the effects of racial identity on therapist development, specifically from the unique perspective of African American female student therapists.

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To my husband for his unwavering support, tireless enthusiasm, and convicted belief in my abilities.

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CHAPTER ONE: INTRODUCTION

Race and ethnicity issues in marriage and family therapy have continued to increase over the past few years (Giordano & Carini-Giordano, 1995; Ho, 1987; McGoldrick, Giordano, & Pearce, 1996; Saba, Karrer, & Hardy, 1989). This may be in response to changing demographics and the growth of ethnic minority representation in the United States. The 2000 Census estimates that people of color currently represent 24.9 percent of the total population and are projected to comprise the majority of the population in 2050 (U.S. Bureau of Census, 1992).

The field of marriage and family therapy reflects a bias toward the majority European American cultures in its history, theories, and membership (McDowell, Fang, Young, Khanna, Sherman, & Brownlee, 2003). American Association of Marriage and Family Therapy (AAMFT) has been criticized for failing to take effective action to increase the racial diversity of its members (Killian & Hardy, 1998). According to a report by Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), 80% of all students in marriage and family therapy graduation programs in North America were European American. Though the overwhelming majority of marriage and family therapists are white, over 66% of their clients are of a different race (Green, 1998). Seemingly, the discussion of race and therapy is unavoidable.

The field of marriage and family therapy has addressed this trend and exhibited growing interest in the treatment of diverse populations in various ways – demonstrated by numerous conferences, research agendas, journal articles, books and workshops on the subject (Nelson, Brendel, Mize, Lad, Hancock, & Pinjala, 2001). Therapeutic practice

cannot be neutral in the understanding of race. Exploring race fits with current developments in family therapy and can be applied to the personal and professional development of therapists.

Despite the multitude of resources that can be located on ethnicity and therapy (Giordano & Carini-Giordano, 1995; Ho, 1987; McGoldrick, Giordano, & Pearce, 1996; Saba, Karrer, & Hardy, 1989) very little research exists on the experiences of marriage and family therapists of color; specifically the role of racial identity in the development of therapists. The majority of the research explores race and ethnicity from the perspectives of the White clinician treating the minority client (Ponterotto & Casas, 1991) or the lens of the minority client (Casas, 1985). Extensive research has been conducted on: trust or mistrust of Black clients toward White therapists (LaFleur, Rowe, & Leach, 2002), effects of racial match on therapeutic outcome (Flaskerud, 1991), and minority client reaction to therapists' race (Sanders Thompson & Alexander, 2006).

Therapist development is influenced by many factors, including family of origin, gender roles/beliefs, differentiation level, and ethnicity. Strawderman, Rosen, and Coleman (1997) emphasize that a therapist' personal values, life experiences, and belief systems affect the therapeutic relationship. Research is needed to explore how a therapist's racial identity influences his/her development and thereby affects the therapy process.

Statement of the Problem

There are some noteworthy works which explore therapists' ethnicity. McGoldrick (1998) and McGoldrick, Giordano, and Pearce (1996) emphasize the importance of the therapist examining his/her own ethnicity when working with diverse

families. Hardy & Laszloffy (1995) developed the cultural genogram to promote ethnic self-awareness. Falicov (1995) constructed a model to train clinicians to think multi-culturally about families. Despite the important contributions these works have made to the field, there has been a dearth in the research regarding therapists' racial identity, specifically how it affects their development as a clinician. Racial identity is one of many characteristics that may significantly influence the life experience of therapist as well as their approaches to therapy (Cardemil & Battle, 2003). This lack of research may be the result of few persons of color entering the ranks of therapists and studying issues of significance to themselves (Brown, 2004).

This study was conducted to contribute to the growth of multicultural awareness in the field of marriage and family therapy. This study aimed to understand how racial identity shapes the different components of a student therapist's development (personal background, clinical experience, etc.). This study adds to the limited research regarding the effects of racial identity on therapist development, specifically from the perspective of African American female student therapists. From a systems perspective, the racial identity of the therapist is as important as that of the client (Rastogi & Wieling, 2005), though the literature fails to reflect much research on therapists' racial identity.

Purpose and Importance of this Study

The purpose of this research study was to qualitatively explore, describe and analyze the role of ecological factors in the development of African American female student therapists. Specifically, research examined therapist development based on how therapists defined racial identity, explored influences of families of origin, understood the impact of graduate training, interpreted clinical experiences, and managed the role of

power in therapy. Each therapist shared diverse lived experiences within these components examining the influence of racial identity. Because race shapes and defines one's lived experience in American culture – whether perceived, real, or some combination of both – it is imperative to better understand, clarify, and appreciate the function of race, ethnicity and culture in a therapist's experience (Turner, Wieling & Allen, 2004).

Presently, empirical research has focused on the race of clients as an independent variable in looking at outcomes in therapy. If the race of the therapist is explored it is often used to contrast with the race of the client. Additionally, the majority of the research explores race and racial identity from the perspectives of the White therapist and the minority client. Most research studies on therapists simply list the racial makeup of the participants but do not address issues of racial identity or the saliency of ethnicity for the participants (Whiston & Keller, 2004). One of the objectives of this research was to understand therapist development from the perspectives of African American female student marriage and family therapists and to assist in the fuller inclusion of such a perspective in the field.

By having the therapist address her development as a product of racial identity's influence on various ecological constructs, awareness was raised regarding the impact that racial identity may have not only on her own development, but also on clients and the therapy process. Furthermore, this process allowed the therapist to gain a deeper understanding of her belief systems related to race, power, and development.

It is hoped that study results will enlighten the larger marriage and family therapy community, contribute to the increased awareness and understanding of the experiences

and needs of African American female therapists and, perhaps consequently shift the focus of literature such that values, attitudes, and perspectives of minority therapists would be incorporated into the field in a substantial manner and considered of equal importance to the values, attitudes and perspectives of the majority culture.

Guiding Theoretical Framework for this Research

Human ecological theory and feminist theory form the basis and rationale for this study. These guiding theoretical frameworks supply a lens through which to observe the therapist's development as influenced by racial identity. To facilitate understanding, a theoretical map graphically depicting the relevant concepts from each theory has been provided in Figure 1.1.

Human Ecological Theory

This research is primarily guided by Bronfenbrenner's (1979) Human Ecological Theory. The ecological approach provides a useful framework for examining the way individual development is influenced by various systems, specifically external conditions and environments (Bronfenbrenner, 1986). The usefulness of the ecological approach lies in understanding the individual in the broader context. Human ecology theory focuses on the socio-cultural context and assumes that the environment impacts the decisions we make, the lives we live, and as a result, the therapeutic approach we utilize (Arthur, 2001, Booth & Cottone, 2000; Rosin & Knudson, 1986). Ecological thinking considers the individual as shaping and being shaped by gender, ethnicity, class, sexual orientation, and race. The human ecological perspective was selected as the theoretical framework because of its "person-in environment" traditional social work focus that takes into

consideration the unique background experiences and contributions of ethnic population” (Ho, 1987).

Understanding the unit of analysis, therapists of color in this study, and the social system in which its development occurs is the primary concern of the ecological approach (Ray, 1988). For example, the ecological approach is helpful in examining a therapist’s experience in the social system and how the social system changes depending on the therapist’s role in it (Bulboz & Sontag, 1993). Bronfenbrenner (1979, 1989, 1994) proposed an ecological model of human development assessing the individual within several settings and how the settings affect the developing person. In this context, the human individual is considered to be at the center of a series of concentric circles. In Bronfenbrenner's model, the person interacts with these contexts as part of a system. That is, the person acts on the context while the context acts on the person. Bronfenbrenner (1979) promoted the need to pay particular attention to the developing person within several settings and how the settings affect the developing person, thus creating a systemic interplay of influences. Indeed, to some extent, all the contexts interact with one another. Exploring the differing levels of analyses allow for a better understanding of the individual’s life and the influence of these contexts not only on each other, but on the individual as well.

The chronosystem consists of the change in time in the environment. Since development is a continuous process, this level addresses the transformations therapists experience over a lifespan. It can also reflect the changing racial demographics in society and the changing perceptions of personally held and socially accepted beliefs about various ethnicities over time. For the purposes of this study, participants were reflective

of how varying factors had influenced development up to a certain point– a snapshot in time.

The macrosystem consists of the values, norms, and institutional patterns of a culture or social structure (Bronfenbrenner, 1986). They are directly related to the belief systems that the culture holds and become important factors in the transmission of societal values to the individual (Vygotsky, 1978). The macrosystem is the level that examines what the dominant society deems as appropriate social behavior and thereby influences the therapist's values and practices. This is vital given the current and historical negative ethnic perceptions held in this nation. For example, participants often described their racial identity as a product of the social culture.

The exosystem consists of the settings or events that do not directly involve the unit of analysis but still influence it (Bronfenbrenner, 1979). This level includes religion, media, government, and other constructs or institutional entities that influence an individual's development though not directly or actively affecting the person. These influences can shape the individual therapist's values and belief systems and may impact behavior. This level examines the potential indirect influences - for example, the negative portrayal of African Americans in the media as criminals or promiscuous or certain governmental policies restricting immigrants – on an individual's development. Participants not only reported challenges in debunking these stereotypes in the classroom, but also cited examples of encountering these stereotypes as a clinician – with supervisors and clients.

The mesosystem consists of the settings in which the individual directly participates (Bronfenbrenner, 1986). Specifically, are the belief systems of various

settings (family, workplace, school, church) aligned with one another? When discord in these multiple entities exists, the developing individual is faced with conflict.

Participants focused on the graduate training program and clinical work within the mesosystem. At times, personal beliefs disagreed with the graduate school experience – creating challenges for the participants to reconcile.

The microsystem includes the interpersonal activities in the individual's face-to-face settings, such as her peer network and family members (Bronfenbrenner, 1986). This level includes constructs related to value transmission, formation of racial identity, and viewpoints of personal development. The family is the key agent in the transmission of those values and belief systems it deems important. These values then reflect determinations of what is right and are further influenced by society, culture, and other environments (Bubolz & Sontag, 1993). As a result, by looking at the ecological factors within a therapist's personal background from multiple levels of the ecosystem, a better understanding of how it affects therapists' development was obtained.

Feminist Theory

A feminist lens is applied in this study to better understand power and neutrality as ecological factors influencing therapists' development. Basic tenets of feminism include a belief in the equal worth of all human beings, recognition that each individual's personal experiences and situations are reflective of society's attitudes, and a commitment to political and social change that equalizes power among people (Myers-Avis & Turner, 1996). A feminist lens recognizes and attempts to reduce the influences of oppressive societal attitudes where power is used to the detriment of others (Gale & Long, 1996). Feminist theory addresses the understanding of power and its connection to

gender, race, culture, class, physical ability, sexual orientation, age, and any forms of oppression based on religion, race, and heritage.

A feminist perspective views the ‘personal as political’ (Corey, 2005), meaning the concerns of an individual are not separate from the social and political constructs within which the person is socialized. This framework is useful in examining racial identity and therapist development as a therapist experiences race in a larger social, political, and cultural context. A feminist lens explores the meaning and impact of the therapist’s racial identity, cultural background, gender, class, age, and sexual orientation with a goal of uncovering and respecting cultural and experiential differences (Corey, 2005).

The feminist theory framework implies that therapeutic neutrality is not an option since therapists can not ignore their own personal experiences in therapy (Prilleltensky, 1997). This approach facilitates an understanding of how a therapist’s personal values influence their development as clinicians. Also according to a feminist lens, it is impossible for a therapist not to have biases or interpretations of interpersonal dynamics within the world around them (Melito, 2003). These tenets are integral to identifying various ecological factors that comprise therapists’ values and beliefs.

A feminist approach validated the process by which a participant understands how her personal values, racial identity, and other ecological factors influence her development as well as her comfort with racially charged topics in her family, classroom, supervision, or therapy room; each setting contributing to her development as therapists in a meaningful way.

Focus of this Study

The primary focus of this research is premised on the idea that therapist development is an ecosystemic result of racial identity, society, and family interaction. The assumption is that lived experiences in various contexts and interactions with multiple systems are influenced by racial identity and contribute to therapist development. Ultimately an understanding of development is important because the therapists' own meanings and beliefs systems have clinical effects – namely, how therapy proceeds, the questions asked, the interpretation of client's behaviors, and the interventions selected. The aim of the research is to decipher how racial identity is present in the development of African American female student therapists.

Research Questions

A conceptual map is included (Figure 1.2) to display how research questions were derived from the guiding theories. The primary research question for this study was: Given a therapist's racial identity, how do ecological factors, including family of origin, graduate training, and clinical experience influence therapist development? Table 1.1 illustrates the relationship between questions and theories. This complex question was subdivided as follows:

Question 1: How do interactions with various ecological systems from therapist's family of origin influence development?

Question 2: How do interactions with various ecological systems from therapist's graduate training program influence development?

Question 3: How do interactions with various ecological systems from therapist's clinical exposure influence development?

Question 4: How do messages received regarding race and power influence development?

This study is a unique addition to the field of marriage and family and therapy, explaining therapist development from a perspective not previously shared – that of African American female student therapists. By focusing on the actual beliefs, attitudes, and experiences of these student therapists, this study provided a more complete understanding of how racial identity influences ecological factors and development. It is hoped that these results will shift the focus of literature in the field such that values, attitudes, and perspectives of minority therapists will be incorporated in a substantial manner.

Figure 1.1: Theoretical Map

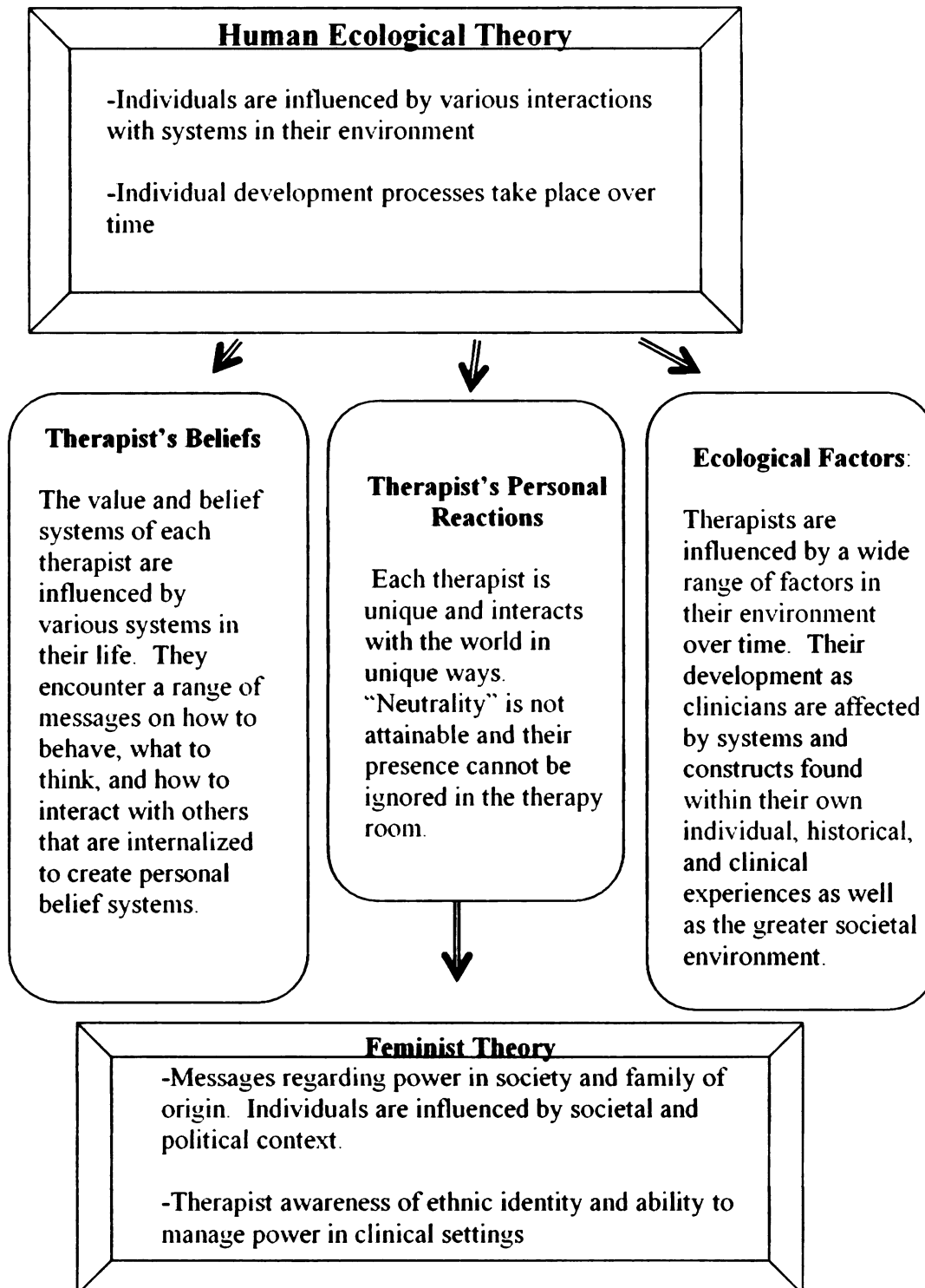


Figure 1.2: Conceptual Map

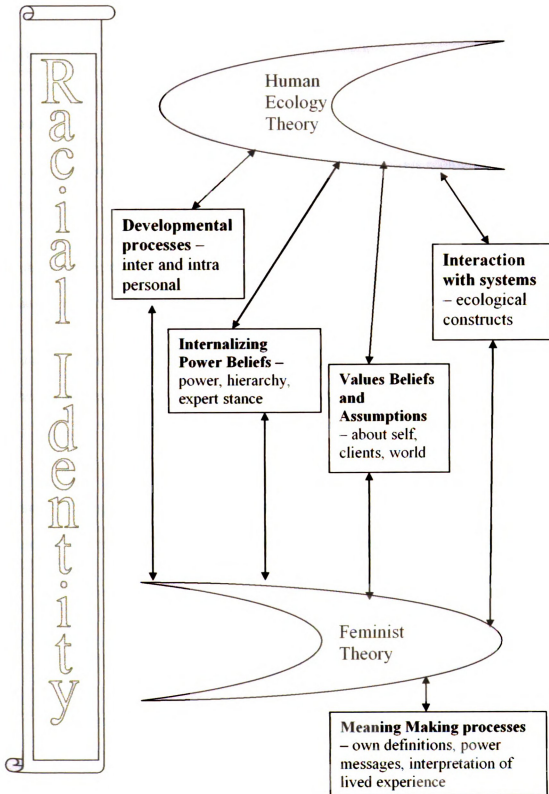


Table 1.1: Relationship Between Guiding Theories & Research Questions

Theoretical Framework	Research Question
Human Ecological Theory	1. How do interactions with various ecological systems from therapist's family of origin influence development?
Human Ecological Theory	2. How do interactions with various ecological systems from therapist's graduate training influence development?
Human Ecological Theory; Feminist Theory	3. How do interactions with various ecological systems from therapist's clinical environment influence development?
Human Ecological Theory; Feminist Theory	4. How do messages received regarding race and power influence development?

Human Ecology Model (Bronfenbrenner, 1979, 1999; Griffore & Phenice, 2001)

Feminist Theory (McGoldrick, 1998; McGoldrick, Anderson, & Walsh, 1989)

CHAPTER TWO: LITERATURE REVIEW

Ecological Factors of Therapist Development

As stated within Bronfenbrenner's (1979) Human Ecological model, development is a process influenced by systems relevant to the individual's personal history, family of origin, and unique life experiences. These systems contribute to a developing therapist's belief systems, emotional needs, technical skill, and clinical interaction. The ecological context does not just produce alterations in development but is influenced by the individual's characteristics. Therefore, the development of a therapist is an interactive process where the individual both influences and is influenced by the social, cultural and physical features of his/her own environment (Whiston & Keller, 2004). The following sections contain scholarship relating to various ecological factors within the therapist's environment and how they relate to the therapist's personal and professional development.

Racial Identity and Ethnic Identity

. The term ethnic identity suggests an emphasis on cultural behavior patterns and beliefs associated with being African American, whereas racial identity focuses more on the cognitions and attitudes associated with the individuals' attempt to ingrate their status as African American into their self-concept (Sellers, Shelton, Cooke, Chavous, Rowley & Smith, 1998). Specifically, racial identity centers around the significance and meaning attributed to race in defining self. The conceptualization and measurement of racial identity originally demonstrated a deficit in the African American psyche resulting from a

stigmatized status, but in the 1970's African American scholars reconceptualized this construct as an example of African Americans' resilience and strength despite oppression (Marks, Settles, Cooke, Morgan & Sellers, 2004).

Several conceptual models explore African American racial identity. William Cross (1971) published the Nigrescence model to describe the phases through which a person passes through in developing a Black identity and continues to revise this model (Cross, 1991) now defining the transformation as a process from non-Afrocentric to Afrocentric. During the five stages: Pre-Encounter, Encounter, Immersion/Emersion, Internalization, and Internalization-Commitment. In this 55-item scale, participants indicate whether or not each item is applicable, on a scale of 1-7, to his self-description for different time periods (past, present, future). This model has become the foundation for the development of subsequent research on African American racial identity.

Parham and Helms (1985) developed the Racial Identity Attitudes Scale (RIAS) measuring the stages of Cross' model and extended the original Nigrescence model to reflect the different ways adults progress through the stages. Parham suggests three paths to racial identity development: stagnation- stay at the same stage of development throughout life, linear progression – moving through phases as normally expected, and recycling – rethinking and regressing identity, due to an experience. The RIAS has been used to relate racial identity attitudes to various constructs.

Diverging from the previous studies on racial identity development, Phinney (1992) conceptualizes ethnic identity – part of the self-concept that attests to a person's knowledge of his own membership group and the significance placed on this membership. Phinney developed a scale, the Multi-group Ethnic Identity Measure

(MEIM) that identifies four components of ethnic identity: self-identification, ethnic behaviors and practices, affirmation and belonging, and ethnic identity achievement. Although significance may differ across individuals, self identification is the individual's self-categorization and could be based on nationality, language spoken, skin color, culture or other factors. Identifying as a member of a group does not indicate how one feels about the group or how much the group membership influences the person's perceptions or life experiences (Wright & Littleford, 2002). The second component, ethnic behaviors and practices, focus on how much the group membership influences his/her practices or life experiences. Affirmation and belonging to the ethnic group reflects the feelings of pride or attachment felt for the group. The final component, racial identity achievement, refers to the level of importance given to ethnic background and the security felt about membership in the group. Because different ethnic groups face different ethnicity issues, it is important to research the common experiences and beliefs that influence the components of ethnic identity within groups and those factors that distinguish each group.

Like Phinney, Sanders-Thomson (1995) also constructed a model based on various components of racial identity. Unlike other models, this author refutes the idea that racial identity development is linear, with one optimal end point. This instrument, the Multidimensional Racial Identification Scale (MRIS), measure racial identity at a specific point in time along four dimensions (physical, cultural, sociopolitical, and psychological) with a focus on discrimination and racism, involvement in the African American community, and racial socialization.

Similar to Sanders-Thomson (1995), Sellers, Smith, Shelton, Rowley and Chavous (1998) developed the Multidimensional Model of Racial Identity (MMRI) which also is concerned with the status of an individual's racial identity and not its development. Another assumption of the MMRI is that identities are situationally influenced and also stable properties of an individual. Racial identity in African Americans has dynamic properties that are susceptible to contextual cues and allow the stable properties of identity to influence behavior at the level of the specific event (Sellers et.al, 1998). A second assumption of the MMRI is that individuals have different identities and they are hierarchically ordered. Thus, the MMRI provides a way to investigate race within the context of other identities such as gender and occupational identity. A third assumption is that individuals' perception of their racial identity is most valuable. Therefore, the MMRI takes a phenomenological approach toward studying racial identity that focuses on the person's subjective self-perceptions. There will be individual differences in these qualitative reports in the meaning individuals ascribe to being a member of the Black racial groups; MMRI makes no value judgment as to what constitutes healthy versus unhealthy racial. Based on these assumptions, the Multidimensional Inventory of Black Identity (MIBI) was developed to measure the four dimensions: racial salience and centrality refer to the significance individuals attach to race in defining themselves and racial regard and ideology refer to the individuals' perceptions of what it means to be Black.

There is no consensus as to the best way to conceptualize or measure racial identity in African Americans. Each model presents unique features; often addressing different aspects of racial identity. Some models describe the process by which identity

develops (Cross and Phinney) and place individuals on a continuum of racial identity attitudes. Other models describe the structure and nature of racial identity (Sellers and Sanders-Thompson). Because of its phenomenological approach and ability to focus on an individual at a cross section in time, MIBI was used in this study.

Ethnicity and Racial Effects in Therapy

Much of the research that exists on the interplay of race/ethnicity and therapy is from the perspectives of the client of minority status (Casas, 1985) and the White therapist working with a client of color (Ponterotto & Casas, 1991). Some of the variables studied have included: trust or mistrust of Black clients toward White therapists (Leach, Rowe, & Steward, 1995), effects of ethnicity match on therapeutic outcome (Flaskerud, 1991), perceived effectiveness of counselor with respect to counselor's race (Lee, Sutton, France & Uhlemann, 1983) and minority client reaction to therapists' race (Sanders Thompson & Alexander, 2006).

Despite the extensive research on same ethnic therapeutic dyads, generalizable conclusions are difficult to attain with variations across and within ethnicities. In reviewing the literature, Sue, Zane and Young (1994) found that Latino Americans do not appear to have a preference for therapist race. However, additional research also shows that when Latino clients could choose a therapist, and not just evaluate one, a preference was found for therapists of the same ethnicity. Within every ethnic group there is within group variation, reflecting heterogeneity over various ecological factors, including economic, social, political, cultural, religious and regional indices (Beauvis & Trimble, 2003; Boyd-Franklin, 2003; McGoldrick, Giordano & Pearce, 1996).

It was also found that when clients had English as a second language, specifically in the Mexican American or Asian American community, there was a more favorable therapeutic outcome, a higher number of sessions attended and a lower likelihood of premature termination when the therapist was an ethnic, gender, and language match (Sue, Zane & Young, 1994).

Determining conclusive results across research on ethnicity and therapy is complicated by the inconsistency in defining constructs across studies. While similar, the following variables are not the same and therefore, make comparisons challenging: client preference in race of therapist, client perception of the effectiveness or competency of therapists, client degree of self-disclosure, client ability to achieve rapport, therapist perception of cross-racial therapy effectiveness, or client utilization of therapy rates.

Another confounding factor in understanding effects of ethnicity in therapy is the difficulty in researching minority groups. For example, many ethnic groups have learned the customs and norms of both the White majority and their specific ethnic group and are capable of functioning at high levels in both worlds (Turner, Wieling & Allen, 2004). At times it can be difficult to determine which culture is most influential in the therapeutic setting since many have learned to adopt the practices and values of a majority culture.

Finally, studying racial identity as a distinct variable in research may be too simplified and at times biased, serving to reinforce racial and gender stereotypes (Flaskerud, 1990). Flaskerud suggests that the basis of this kind of research is founded in ethnocentrism and sexism where the constructs being measured- client preference or perception, therapist competence, client rapport, etc. – were developed exclusively on the

basis of majority culture. In effect, what is really being measured is how close or how far ethnic groups are from being Anglo, male, and middle class.

Therapist Development

Since research has proven that successful therapeutic outcome can be linked to the competence of the clinician, research on the study of therapist development has grown (Neufeldt, 1999). With a more complete understanding of the complexity of therapist development, researchers have demonstrated its influence on the therapy relationship, the change process and on outcome (Orlinsky, Ronnestad & Willutzki, 2003). Since individual therapists do not obtain equal results, even when holding the method constant (Crits-Christoph, Baranackie, Kurcias, Beck, Carroll, Perry, Luborsky, McLellan, Woody, Thompson, Gallagher, Zitrin, 1991; Henry & Strupp, 1994; Orlinsky & Howard, 1980), it can be concluded that the more research is needed on who the therapist is rather than which method is used.

Ronnestad and Skovholt (2003) approached therapist development by studying the changes in how practitioners experience themselves as therapists on a variety of parameters related to their work over time. The authors formulated six stages of development: the Lay Helper, the Beginning Student, the Advanced Student, the Novice Professional, the Experienced Professional, and the Senior Professional. As the latter three phases discuss post-training therapists, the first three stages are examined further.

In the Lay Helper phase, individuals are helping others make decision, resolve problems, and improve relationships before entering any professional training in roles such as parents, friends, colleagues, etc. The lay helper usually gives advice based on one's own experience and provides strong emotional support – there is no regulation of

emotional engagement or empathy. These individuals strongly identify with and are often over-involved with the other.

In the Beginning Student phase, individuals try to sort out theories, clients, professors, supervisors, personal life, and social cultural environment; all of which are competing for attention. Moving from the role of lay helper, students are taught easily mastered straight forward interventions with universal client applicability. Learning these methods well eases the anxiety and apprehension and, over time, translates into feelings of competency. Students are open to learn and willing to grow with criticism.

Towards the end of training, students enter the Advanced Student phase. These individuals have completed an internship and necessary coursework. At this phase, pressure is felt to reach perfection increasing the tendency to seek external confirmation and heavily depend on supervisors. These individuals often complain about a lack of live professional models to observe.

Development is experienced as a continuous process of change and can be initiated by a specific critical incidence or by transforming life events over time (Ronnestad & Skovholt, 2003). Personal experiences and environmental factors influence the development of a therapist. A study by Ronnestad and Skovholt (2003) demonstrated that across education and experience levels development is informed by childhood, adolescent and adulthood experiences. An individual's paradigm stems from culturally defined family values and experiences and is likely to be a powerful influence on career choice (Brown, 2004). These experiences shape the selection of theoretical orientation, contribute to therapeutic style, and affect ways of coping in practice. Skovholt and Ronnestad (1992) found that both difficult and normative life experiences

affect the professional – participants identify the value gained from their own distress and loss that produced reflection and insight to foster an empathetic understanding of clients. The growth or deterioration of confidence based on life events and environmental experiences has ongoing implications in the developing therapist (Bischoff & Barton, 2002).

Though personal experiences can be informative and motivational for a developing therapist, it also works as a double edged sword with increased likelihood of blind spots or over-identification with clients. The development of the therapists' emotional availability has critical professional implications. Feelings of pain and distress can be triggered in a therapist who has not achieved the emotional capacity to accept, tolerate, and contain the client's painful and overwhelming feelings (Zeddies, 1999). The therapist's capacity to use personal emotional experience forms the basis for understanding the client, developing as an effective therapist, and generating therapeutic interventions (Zeddies, 1999).

Therapist-Client Dyads – Ethnicity Adds Multi-level Complexities

A therapists' conscious, unconscious, immediate or delayed, conflict-based, inappropriate and irrational feelings, needs and impulses, unrealistically related to the current behavior of the client (Epstein & Feiner, 1979; Gorkin, 1986; Maki, 1990; Siegel (1997) can affect the therapist's ability to be objective in the therapeutic process. These responses can vary by the therapist's developmental level and by the interpersonal relationships in the therapist's past.

There is a dearth of literature describing when therapists of color work with clients of same or diverse ethnicities; perhaps because of the low numbers and low

visibility of marriage and family therapists of color. Pinderhughes (1989) suggests that the lack of information could be attributed to this society's tendency toward cultural blindness which functions as though all people can be described by the same constructs. Siegel (1997) confirms the importance of exploring racial identity as a possible contributing factor to dynamics in therapy when he identifies interpersonal relationships, societal reactions and family of origin as a few of the many influential dynamics experienced in therapists personal life. Ridley (1995) states that therapists of color may act defensively by over-identifying with minority clients, encouraging excessive discussion of race issues, possibly under-diagnosing clients, or encouraging clients to "tone down" their reactions to race. The pseudo positive bond a therapist of color may feel when treating a minority client may lead to: over-involvement with the client's problems, not challenging issues because the therapists feels knowledgeable about what the client is saying, or accepting the client's analysis without question (Griffith, 1977).

Maki's (1990) article cites a case of a Japanese therapist and Japanese adolescent client, where several issues surfaced including: therapist guilt for escaping poverty, denial or over-identification with the client, aggression taken out in the form of confrontation of the client, and avoidance of dealing with client's envy toward the therapist. This example demonstrates how a client can be inappropriately assessed and can receive less than optimal interventions as a result of the multiple levels of complexity faced when ethnicity is considered in therapist-client dyads.

Although therapists are trained to address a variety of situations, they are still influenced by the socio-cultural environment. In a society that historically discriminated between races, implications should be expected for the thoughts, feelings and experiences

of therapists of color. Specifically, African American therapists are vulnerable to their own reactions when presented with ethnicity issues; these are not merely negative and intrapsychic with little basis, but is an outcome of a historically oppressed group.

Whereas racial identity was originally conceptualized as a way to demonstrate a deficit in the African American psyche resulting from their stigmatized status, racial identity and its influences on reactions should be seen as an example of African Americans' resilience and strength in the face of oppression (Marks et. al, 2004). How racial identity is used in a therapeutic setting can be viewed as either dysfunctional or facilitative; most importantly it should be acknowledged, understood, and used in the formulation of interventions.

Feminist Lens

A feminist lens is applied in this study to better understand power and neutrality as ecological factors influencing therapist's personal and professional development. This lens provides a theoretical framework that is sensitive to wider social, environmental and structural factors that affect therapist's of color such as the distribution of power and authority (Hughes, 2002). A feminist lens allows a therapist to acknowledge the values and beliefs they hold and accept that true neutrality is not an option. A therapist will have biases or interpretations of interpersonal dynamics surrounding them (Melito, 2003).

Feminist theory recognizes and attempts to reduce the influences of oppressive societal attitudes. Feminist theory addresses the understanding of power and its connection to gender, race, culture, class, physical ability, sexual orientation, age, and any forms of oppression based on religion, ethnicity, and heritage. A feminist perspective views the 'personal as political', meaning the concerns of an ethnic group are

not separate from the social and political constructs within which the person is socialized. Therefore, development is not pathologized, instead individual development is viewed as a building of protective mechanisms permitting survival within oppressive conditions (Nabors & Pettee, 2003). This tenet is integral to identifying ecological factors that comprise therapists' development and beliefs.

The feminist framework emphasized the importance of hearing and understanding voices of all members of the therapeutic process, including the therapist (Walsh & Scheinkman, 1989). Therefore, despite the implicit power differential in therapy, the therapist works toward collaboration, not hierarchy. At the same time, within this framework, therapists value self-disclosure and attempt to remove the 'we-they' barrier of traditional therapeutic relationships.

CHAPTER THREE: METHODOLOGY

Research Design

This exploratory study sought to understand the development of marriage and family student therapists from an ecological perspective. The research explored how therapists' racial identity is present in various contexts as they reflect on their development as therapists. Stiles (1993) suggests that the context includes researchers' and participants' cultural and personal histories. With this goal in mind, qualitative methodology was chosen because it allows the researcher to generate knowledge about an individual's experience within context (Merchant & Dupuy, 1996). Additionally, qualitative studies allow the experiences and valuable contribution of participants to be highlighted (Berg-Weber, Rubio, & Tebb, 2001). This study used qualitative methods to expand knowledge about the influence of racial identity and ecological factors on therapist development.

A qualitative method is informed by and also complements the feminist perspective well (Myers-Avis & Turner, 1996). Whereas quantitative methods assume the researcher is value-free in her approach to knowledge and research, qualitative methods is based on the belief that subjectivity is unavoidable in any research endeavor. The feminist lens requires that the researcher be reflexive and acknowledge personal values and attend to power relations in the research process (Myers-Avis & Turner, 1996). Since the researcher is an instrument of research – instrumental to the decision making throughout the process, it is necessary for the researcher to have an awareness and understanding of his/her own racial identity. As Rappaport (1994) suggests, "As researchers, we will always represent our own voices, and it would be naïve to assume that we can ever

simply present the voices of others... the question the researcher asks reveals what he or she thinks is worth asking” (p. 360-361).

Lastly, the use of qualitative research to study cultural issues has been advocated by several researchers (Helms, 1989; Hoshmund, 1989; Ponterotto & Casas, 1991). Many authors strongly support the notion that qualitative methodology holds particular relevance in the field of minority research. Ponterotto and Casas (1991) state that while psychological and clinical quantitative emphasis on the minute examination of large group differences may be of value, the incorporation of qualitative, small-group designs would greatly augment the arena of multicultural research. Additionally, qualitative methodology is ideal for researching the impact of racial identity and ecological factors on development because it inherently makes social and cultural contexts explicit and values interpersonal relationships and subjectivity (Merchant & Dupuy, 1996). Qualitative methods allow for making implicit racial assumptions explicit. By acknowledging assumptions up front, qualitative research fully examines the cultural context of the research participants. Additionally, qualitative research involves personal contacts and interpersonal relationships with participants, which is highly valued in many cultures; thus, enhancing the richness and credibility of the data (Merchant & Dupuy, 1996).

This study is also phenomenological, characterized by the premise that individuals have their own reality (Boss, Dahl, & Kaplan, 1996) and purposed to describe experience as it lived and understood by people (Husserl, 1970). This approach explains the process by which participants make sense of racial identity and her lived experience as influential to development (Seidman, 1991). Multiple interviews offered the opportunity for

participants to reflect on their experiences and the content of each interview and to confirm or modify previous statements. This process resulted in increased reliability.

Sample

The sample for this research study will be nonrandom and purposive, or criterion based, in that it will only include African American female marriage and family therapy Master's level students in an AAMFT accredited marriage and family therapy program in the mid-Atlantic region. Specifically five trainees were sampled from Marriage and Family Therapy training programs in this region. Although a range of 5-8 was targeted, in qualitative research, it is generally not necessary to predefine an exact or desirable number of respondents before the research begins (Edgerton, 1970). It was felt that the in-depth and repeated interviews of this small sample provided rich data and told an important story. Choice of participants was based on availability and interest of respondents.

The researcher chose to target African American female marriage and family therapy Master's level students for various reasons. To best study how therapists develop, it was important to start research at the level where training first begins. It was thought that some homogeneity could be achieved and facilitate parsing out themes, if those at a similar educational level were studied. Also, since few African Americans elect to enter the field of marriage and family therapy, it was thought this group has not had a strong voice or representation in the current literature. Given the increased complexity of navigating their own racial identities in a dominant culture, it was believed that this group would provide a unique perspective on the influence of race on therapist development. Finally, due to the likelihood that trainees have not been in the role of being a clinician

for an extended period of time, they may have been less likely to have addressed themselves or explores how their beliefs and identity have been incorporated into their development.

Recruitment

Recruitment for this study was conducted at the American Association for Marriage and Family Therapy accredited marriage and family therapy Master's programs in the mid-Atlantic region. These sites were chosen to allow for the researcher to cost effectively and conveniently meet with participants for face-to-face interviews. It was also thought that accredited programs would provide some consistency in training and make it possible to compare therapist development across universities. Announcement and recruitment letters were sent to the chair of the marriage and family therapy program at each institution describing the study and requesting volunteer participation. Once interest was expressed, the researcher schedule appointments for the interview via telephone.

Sample Demographics

The sample of Marriage and Family Therapy trainees came from two universities in two states within the mid-Atlantic region. All participants' names have been replaced with pseudonyms and identifying information has been omitted. The total number of participants was five. Though the participants were enrolled in Masters Programs, they varied in number of clinical hours, coursework completed, and grade classification. Two of them had close to 500 contact hours, two of them were less than 250 hours, and one

had completed the required 500 contact hours. One was interested in pursuing a doctoral degree and two were unsure at the time of this interview.

The ages of the participants ranged from 21 to 27; two were married; one cohabitated with a partner; two were single and lived alone; none had children. Regarding their regional background: one was from southern U.S. and the others were from the local area. In terms of racial identity: one defined self as African American, Latino, Native American; one as African American, Indian, Portuguese, and African; one as African American, Caribbean, Muslim; and the last two participants defined self as African American.

Protection of Participants

In order to ensure protection of participants, Michigan State University's University Committee on Research Involving Human Subjects reviewed the methodology, procedures, and consent form for the study. Data collection began only after receiving full approval. Participants signed an informed consent document explaining the nature of the study, risks and benefits involved and describing the voluntary participation. Information and data collected was kept confidential in locked filing cabinets and privacy was addressed through the use of pseudonyms. Furthermore, to protect participants from unintended emotional harm, support resources in the community were provided.

Procedures

Data Collection

The researcher contacted potential participants by telephone and explained the goals and procedures of the study. Upon agreeing to participate in the study, interview times were scheduled to be held in private therapy rooms on their university campus to maximize confidentiality, ease of logistics for participant, and foster free disclosure. At the start of each interview, participants received a packet of information including a letter of introduction, a consent form, the Multidimensional Inventory of Black Identity (MIBI), the demographic questionnaire. The primary data collection process involved the following stages: 1) completing a demographic questionnaire; 2) completing and reviewing the MIBI instrument; 3) constructing a diagram highlighting influential ecological factors; 4) two in-depth qualitative interviews. Data points include the demographic profile, the participant's completed MIBI, researcher's observations, semi-structured interviews, and a sketch of ecological influences. The demographic questionnaire and MIBI were completed in front of the researcher at the start of the interview. Participants agreed to be audiotaped, to facilitate transcription, and consented to allow researcher to take notes to capture any non-verbal cues. The researcher also monitored her non-verbal responses to exemplify neutrality such that participants' responses would not be altered in any way. Immediately after the interviews were completed, they were transcribed.

Demographic Profile

The personal data questionnaire provided the researcher with demographic information pertaining to race, marital status, family background, and education, etc. (see Appendix B). These questions were important in that they became additional information

for the semi-structured interview. Participants were asked to reflect on these responses throughout the interview, such as the region of the country where they were raised or parental education and income. The researcher also found great benefit in the information because it may account for cultural differences that may be a factor in development. Unfortunately, the regional backgrounds of the participants did not vary greatly. It was unable to be determined the impact of regionality on development or their experience in the therapy room. Lastly, this profile helped to identify the graduate level of the student, their educational background, and some family history.

Ecological Factors Interview

Participants were asked to draw a diagram to graphically depict the ecological factors, as the participant assesses, influencing her development as a therapist. Participants were asked to label a circle 'self-development' at the center, and identify ecological factors using circles varying in size and proximity to center to depict the magnitude of various influences. This exercise allowed the student therapist to identify how the different components influencing her development are connected to one another and which ones are deemed most important. The researcher followed this exercise with a brief semi-structured interview with open-ended questions regarding those ecological factors identified by the participant's drawing. Personal recollections shared during this activity enhanced the rich story of each individual's development.

Measures

A generally accepted instrument, the Multidimensional Inventory of Black Identity (MIBI) will be administered. This measure was developed by Sellers et al.

(1998) as a framework of African American racial identity. The MIBI focuses on describing the status of individual's racial identity at a specific point in their lives as opposed to describing an individual's racial identity development. The instrument is comprised of four dimensions: racial centrality – whether race is a core part of self-concept over time; racial salience – extent to which race is relevant to self-concept at a moment in time; racial ideology – individual's beliefs, opinion and attitudes about the way African Americans live and interact with society; and regard – individual's judgment of her race.

The four subscales reflected the participants' overall racial identity. After completing this inventory, participants were asked to discuss those items that were meaningful to them as they understand development. This unstructured interview provided more detailed information as to how their lived experiences, academic training and personal interactions influenced their racial identity and ultimately their development as a therapist.

Semi-Structured Development Interview

Lastly, semi-structured interviews were conducted between the researcher and each participant. These open ended questions were guided by the primary research questions, theoretical foundation, and information gained through the participants diagram of ecological influences. The researcher followed a guide with questions and possible probes, but remained flexible to allow participants the freedom to expound when appropriate. The primary research question for this study was: Given a therapist's racial identity, how do ecological factors, including family of origin, graduate training, and clinical experience influence therapist development? To answer this broad research

question, several interview questions were developed asking about the influences of these ecological factors (See Appendix C). Table 3.1 demonstrate the relationship between research questions and interview questions.

Clarification & Verification

After the data collection and interview process was complete (approximately two weeks later), participants were sent a copy of their transcribed interviews. The researcher then contacted the participants by phone. At this time, participants were thanked for their participation and given an opportunity to add, amend, or delete any prior statements from the face-to-face interviews. After reviewing the transcripts and reflecting on their responses, participants did not submit any new information or changes be made. The researcher expressed enjoyment of the process and volunteered to send participants the conclusions from this study.

Data Analysis

All interviews were audio recorded and transcribed. In general, the data analysis involved examining transcripts for themes that responded to each research question and identified the influence of racial identity and ecological factors on development – specifically the influence of ethnicity on values, beliefs, and assumptions. The identified factors were then categorized into themes across all participants. An additional qualified individual, who also signed a UCRIHS confidentiality agreement, coded the data independently. The two coders compared codes and reached consensus to maintain consistency.

Coding Procedures

After transcribing audio taped interviews, the researcher coded data using NVivo qualitative data management software (Bazeley & Richards, 2000). Each distinct idea or thought was a unit of analysis (Giorgi, 1997) and was categorized within the broad themes of racial identity, family of origin, graduate training, or clinical experience. Within each of these broad themes, more specific themes began to emerge throughout the participant interviews. For example, within graduate training ideas that emerged included: helpfulness of faculty, spokesperson in classroom, and interaction with peers. Finally, following guidelines set by Giorgi (1997), emerging sub-themes were grouped together into descriptors under the broad initial themes.

The constant comparative method, simultaneously coding and analyzing, as described by Glasser & Strauss (1967) was used to analyze data further. This method is designed to facilitate generating theory that is integrated, consistent, and close to the data (Glasser & Strauss, 1967). In other words, while a proposition might engender interest when it is uncovered in one or two interviews, if it is not supported in subsequent interviews, its saliency might be diminished or it might be used to explain a unique phenomenon. The constant comparative method involved processes including: 1) coding data into existing themes; 2) in a reciprocal process, data was delineated into categories and integrated across categories to support findings; 3) findings were classified into thematic categories; 4) the researcher articulated her contribution to existing theory (Glasser & Strauss, 1967).

As recommended by Miles and Huberman (1994), before even gathering data, broad initial codes for this study were developed guided by the theoretical framework and research questions. The initial codes for this study followed the research questions and

included: 1) Racial Identity; 2) Family of Origin; 3) Graduate Training; 4) Clinical Experience; 5) Beliefs about Power.

Validity, Credibility, and Trustworthiness

Credibility refers to the requirement that findings should clearly reflect the experience of participants. As Giorgi (1997) has indicated, an important benefit of having multiple interviews and a small number of participants, as was done in this study, is achieving a rich and deep description of the participants' lives. Multiple interviews also enhance the process of validation of analyses by confirming initial results with subsequent interviews. Participants participated in three interviews each and were given the opportunity to clarify and verify data.

From a research design perspective, various forms of documentation in the form of five points of data collection (demographic profile, therapist's MIBI results, researcher's field notes, the semi-structured interview and the ecological factors diagram) aid the trustworthiness and credibility of the participant's interview responses.

For validity and credibility and to guard against effects of researcher blind spots and other sources of researcher error, several steps were taken. First, as is suggested by Newton (1995), a thorough inspection of data was undertaken, reviewing each transcript several times and having the question in mind, "Are the data presented adequate to allow an interpretation (p.155)?" The data must fit the propositions, not vice versa (Taylor & Bogden, 1984). Secondly, negative cases – those which significantly vary from the general trend were analyzed and explained. Thirdly, other factors that may influence the data, e.g. participants crafting responses to be amenable to the researcher and protect their self-interests (Miles & Huberman, 1994), were kept in mind as themes were

developed and conclusions were drawn and were addressed in concluding comments. Lastly, a second coder, instructed on the coding system, was given research questions and sample unmarked transcripts. This independent coder's results were compared with those of the primary researcher to ensure accurate and credible data.

Reflexivity

In qualitative research, where the researcher is an instrument of the study, I needed to reflect on how I brought some of myself to the research. By setting aside preconceived biases to collect and analyze data with an open mind, I followed a model of bracketing in data analysis (Girogi, 1997). Bracketing forced me to remain reflective and explore ways in which there are connections between my life and the interpretation of the research. I continually remained aware of possible blind spots when participants' stories were similar to themes in my own life and development process.

As the researcher I was interested in this research study for a number of reasons. First, whereas feminist pioneers such as Myers-Avis and Turner (1996) challenged and raised awareness of the gender insensitivity in existing theories, discourse around issues of racial identity in clinical settings are still limited. Second, though cultural awareness is incorporated into most marriage and family therapy training programs, it could be argued that these courses perpetuate stereotypes of various ethnic groups indicating that there is a specific approach that works well across all clients of a particular ethnic background. Lastly, as an African American female therapist, I felt it important to contribute our voice to the field of research since, as a group, we are greatly underrepresented in numbers and in the existing body of literature.

Table 3.2: Relationship Between Research Questions and Interview Questions

Research Question	Sample Interview Questions
Question 1: How do interactions with various ecological systems from therapist's family of origin influence development?	<p>How important was race/racial identity in your family when you were growing up?</p> <p>Were issues of race/racial identity openly discussed?</p> <p>Think back to the time when you were growing up. Can you give me a few examples of meaningful race/racial identity related incidents which happened to you?</p> <p>What were your reactions?</p> <p>How do they affect you even today?</p> <p>Looking back, how was all of this helpful to who you are now? How was it detrimental?</p>
Question 2: How do interactions with various ecological systems from therapist's graduate training program influence development?	<p>What about the recent past, since starting graduate school, can you give me any examples of race/racial identity related incidents which happened to you or that you witnessed?</p> <p>What was your reaction? How has that affected you?</p> <p>Upon reflection, do you wish you handled things differently? How?</p> <p>How has race/racial identity been dealt with in your training program?</p> <p>Give examples of race/racial identity- related incidents which you felt were difficult and positive. What did you think /feel? What did you do?</p> <p>Have you ever felt you were viewed as the "spokesperson for your ethnicity"? How have you handled this?</p> <p>How has training as a marriage and family therapist affected (enhanced or diminished) your racial identification or your feelings about your culture?</p> <p>Have you experienced pressure to be/act white? Give examples and your reactions.</p> <p>What strategies did you use to do so?</p>
Question 3: How do interactions with various ecological systems from therapist's clinical exposure influence development?	<p>How influential do you think racial identity is for you as you develop into a therapist?</p> <p>Give examples.</p> <p>Briefly tell me about your current client load? # and demographics? Would you say you've had a chance to work with a diverse group of clients?</p> <p>Do you think your credibility is enhanced or diminished because of your race? In whose eyes? Do you feel that you had to give up any aspects of your racial identity? What are your feelings about having to do so?</p> <p>How much do you bring up/point out racism directly to your clients?</p>
Question 4: How do messages received regarding race and power influence development?	<p>As you develop as a therapist, you may have encountered a power dynamic in various relationships. Can you tell me how the role of power in your family of origin, graduate training, and clinical experience?</p> <p>In your clinical experience, how have you managed the role of power in your therapy with clients?</p> <p>How have you viewed power in your development as a therapist (your intervention, stance, etc.)</p>
Foundation Setting: Racial Identity	<p>Describe your racial identity. Have you ever identified yourself differently in different situations? Why?</p> <p>What prejudices are you aware that you hold?</p>

CHAPTER FOUR: RESULTS

This chapter presents the primary findings of this study. First, an overview of the research process will be presented. This will be followed by a review of the research questions. Finally, key findings corresponding with each research question will be demonstrated and sample demographics will be introduced. The results of the interviews suggest that issues of racial identity are complex and influence development significantly, not as that which could be objectively named, but as that which was personally experienced.

Overview of Process

This study was an attempt to better understand the process by which Marriage and Family Therapy students' development are influenced by racial identity. This required an emphasis on the meaning-making process relative to how therapists have come to develop personally and professionally. To accomplish this, participants must be reflective and insightful, not to mention willing to examine the complexity of racial identity. It also requires the researcher to be attentive to details that tell a story of how participants' development has been influenced.

Throughout each of the participant interviews, I found myself surprised by the insight shared in their stories and how they have come to make sense of their development as therapists. Though findings revealed that participants had unique experiences and viewpoints, similarities began to emerge across interviews and broad themes were created. To openly share experiences, participants needed to feel comfortable with the researcher, the research topic, and acknowledge the value of their

contributions. With this achieved, the interviews provided insight into the factors and life experiences that influence how they explain racial identity and its significance on their development as therapists.

Review of Research Questions

The primary research question for this study was: Given a therapist's racial identity, how do ecological factors, including family of origin, graduate training, and clinical experience influence therapist development? Since this question is multi-layered, it was divided into several sub-questions. As one of the primary guiding theories for this study, Human Ecology theory focuses on the multiple layers of environments and the interaction between the developing individual and systems within their environment. Table 4.1 illustrates the relationship between research questions, interview questions and guiding theories.

Question 1: How do interactions with various ecological systems from therapist's family of origin influence development?

Question 2: How do interactions with various ecological systems from therapist's graduate training program influence development?

Question 3: How do interactions with various ecological systems from therapist's clinical exposure influence development?

Question 4: How do messages received regarding race and power influence development?

To understand how racial identity influences a therapist's personal and professional development, the researcher asked participants to recall family, childhood, educational, and clinical experiences to gain insight to the values and beliefs that affected

development. Though information gained from these interviews revealed how families of origin, clinical experience, and developmental processes have contributed to understanding the influence of racial identity, the other forms of data gathered (e.g., field notes, racial identity measure) were helpful in validating this information. Although each participant identified themselves as African American females when recruited for the study, results demonstrated divergent lived experiences. This demonstrates the widespread influence of various systems on their development. The responses reflect the phenomenological, meaning making experience of the participants and how they make sense of their development as therapists.

The following sections address each of the research questions and how the participants have made sense of their development as it evolved from the interactions with varying systems. Specifically, the research questions address the influence from the participant's ecological environment and attempt to uncover the meaning-making dimension regarding values and beliefs held. The implications for each of the emerging themes and how they fit together into consolidated stories will be further expanded upon in Chapter 5. To assist the reader in understanding the stories, the table below (Table 4.2) highlights brief demographics of each participant.

Key Findings on Racial Identity

Since the primary objective of this research was to understand: given a student therapist's racial identity, how do ecological factors, including family of origin, graduate training, and clinical experience influence therapist development, it was paramount that each participant first discuss racial identity.

When asked to describe their racial identity, each participant, without exception, elaborated beyond just one category – African American. In analyzing data, five facets of racial identity were described: (1) always or almost always present, (2) complex, (3) varying under different circumstances and changing over time, (4) capable of affecting one's perception of self and others, (5) sometimes experienced as a burden. These factors give a greater appreciation for the richness of personal notions of racial identity.

1. All participants described their racial identity as being important and ever-present in their lives. Even Celeste, whose pattern of responses in the interview was somewhat terse and infrequently descriptive, elaborated by saying “it's always there no matter what.” She goes on to say,

“And then sometimes I got tired of having to be the one to say okay let me you know bring--open this up to a discussion that incorporates race and sometimes I would feel like they thought that oh you know here she goes again talking about the black being kind of you know--being separatist or you know something like that. But I can't help but bring it up, race is just a part of, you know, everything.”

Linda said of her racial identity, “It's present in you know when I go to eat you know I notice who is around or I--when I go you know like you know who I'm talking to like it's always something that enters conversations or enters my mind.” Similarly, Paula and Tamara concur, both stating, “It's present every minute--every day.” Keisha echoed this sentiment but also added that race is more present depending on the region of the country where you live. Raised in the south, race was prominent, “You were constantly reminded that you were Black where we grew up. I think it's like that in the south. It wasn't like hidden or anything, it was in your face. It was always right in your face.”

2. Three student therapists referred to the complexity of their racial identity and were challenged to answer a question identifying themselves as a member of one racial

category. “I think of myself as being a mixture of things,” begins Keisha, a self-described African American woman who traces her heritage to Indian, Portuguese, and African. She continues, “... the whole question of racial identity for me is complex. I don’t want to leave out the other parts of me by saying ‘African American’, you know? I think I am a rich and complex individual. I really hate it when I’m boxed in and someone wants me to identify myself as one race or the other. I am a complex multitude of things, only one of which is African American.” Likewise, Tamara who is of African American, Caribbean, Muslim heritage, said that the very question of racial identity is a loaded one for her, given that she views herself as “a multidimensional ethnic person of color.” Paula also speaks to the complexity of defining racial identity,

“Because everyone that’s black in America is not necessarily African American. Some people originate in the Caribbean; then like I’ve had clients that are actually from Africa and the African diaspora. It’s one of those labels that to me like can capture a whole range of people; so I prefer black but it’s you know--one of those little things for me, sometimes I just don’t know how to label it – its complicated.”

3. Participants described the changes they have experienced in their racial identity over time and in various situations. To this question, the responses ranged from no changes or short-lived changes that took place in childhood to changes in identity that were context specific. All but one participant indicated that across time and circumstance, they always identify as African American. Tamara states that she did go through a “phase where she wanted to be white.” She had all of her friends call her Alice, which she felt was a “less ethnic sounding name.” In a predominantly white school, Tamara describes this short-lived phase as a period where she “just wanted to fit in.”

Two participants described little to no changes in how they labeled themselves with respect to their personal racial identity. Keisha, born in Mississippi and raised in

Vermont, states that she has always identified as African American and that while her ideas about culture has changed over the years as she moved to the northeast, her racial identity has not. Linda said she really has not changed her African American identity at all, with one small exception – she preferred to be called ‘African American’ when she was younger. She has since embraced the term ‘Black’, rather than what she deemed a “more politically correct” title. To explain this progression, she said,

“I think for a while I know when I was younger I preferred other people to call me African American just because I don’t know—I felt like it had—it held more [value] than just being called black. And I even found myself here in class when describing black people using the term African American, which is interesting now that I think about it. But yeah; I think it’s more politically correct than anything else.”

Though Linda uses these two identifiers interchangeably, she prefers to identify as ‘Black’ now.

Lastly, one participant says that although she has not changed her racial identity over time, she has changed her reaction to issues of race over time – developing more confidence in confronting issues of race:

“I think only now have I developed kind of a voice—to speak out on issues like that, like you know very like blatant racial things. I’m comfortable with my racial identity now. Any kind of treatment like that I’ll be the first one to say like you know wait a minute, but I think back then I just didn’t—I was shy and quiet in general and I’m still shy and quiet in general so that—I don’t think it had anything specifically to do with like I was scared of her or anything like that.”

A few participants reported that declaring a racial identity varies depending on the context. In other words, how one experiences her racial identity varies with the specific situation in which she finds herself. Tamara, who clearly identifies with all parts of her African American, Caribbean, Muslim heritage, said that usually Muslim is her primary identification, “there is something prideful about being a Muslim. Since September 11th

though, it's been more difficult to claim that part of my heritage. Instead of being connecting, it was alienating and brought out hatred I didn't know existed." In some settings, she feels and defines herself only as African American. While she feels predominantly Muslim in particular situations, since her other identities are also present and more visible, she has made adjustments. "So depending on where I am, since you can look at me and know I'm African American, I've gotten used to, you know, I just keep quiet about being Muslim. It's easier that way."

As Celeste noted, "I am always going to look Black to the next person. I have found it convenient to claim my Latino or Native American roots for certain scholarships and stuff. Usually I'll say 'Black', but sometimes it's to my advantage to identify as something else." For her, declaring a racial identity is very fluid.

4. Because of the prominence of race in this culture, it was not surprising to find that participants view their racial identity as a lens through which they perceive social reality.

Supporting this idea, Celeste said,

"I always consider like the context of things like the person's culture you know-- my culture, like I always like see things through that lens and try to see like how it might be impacting whatever is going on. Whereas, you know some people who aren't used to having look through those lenses might only see it through you know the ones they're used to using.

In a similar account, Linda explained how this lens has been helpful to her development. For example, she reported "In terms of race, I wouldn't consider myself like a privileged person growing up necessarily. Because of my race I think I can you know just kind of better see the scope of the things than say if I were of the majority group—white." In reflecting further, Linda also added,

“I--I mean I wouldn't be the same person without my racial identity. For one thing I think it's worked as an asset for me especially the fact that I'm going you know to be a therapist--licensed therapist eventually and working with clients I think it has opened my scope of things and so I think I can not better identify but just more easily identify what oppressed groups, under-privileged groups--“

While on examination, Paula may find that race is not a salient issue in a particular situation, she nonetheless scans most situations to determine if race is an issue. She credited her predominantly African American university experiences as an integral component of her outward perceptions – evaluating the issue or race in every situation:

“And so it's very difficult to me, probably because I went to an HBCU... For me, race is such a distraction. I think everything that comes out of someone's mouth--I'm not expecting it to be racist but if it's even somewhat related to it it's like--it strikes a cord with me a bit or I pick up on it or-- I don't know.”

5. Many participants described racial identity as a burden to be carried, longing for a time when race could be invisible while still valued. This sentiment was articulated most clearly by Paula:

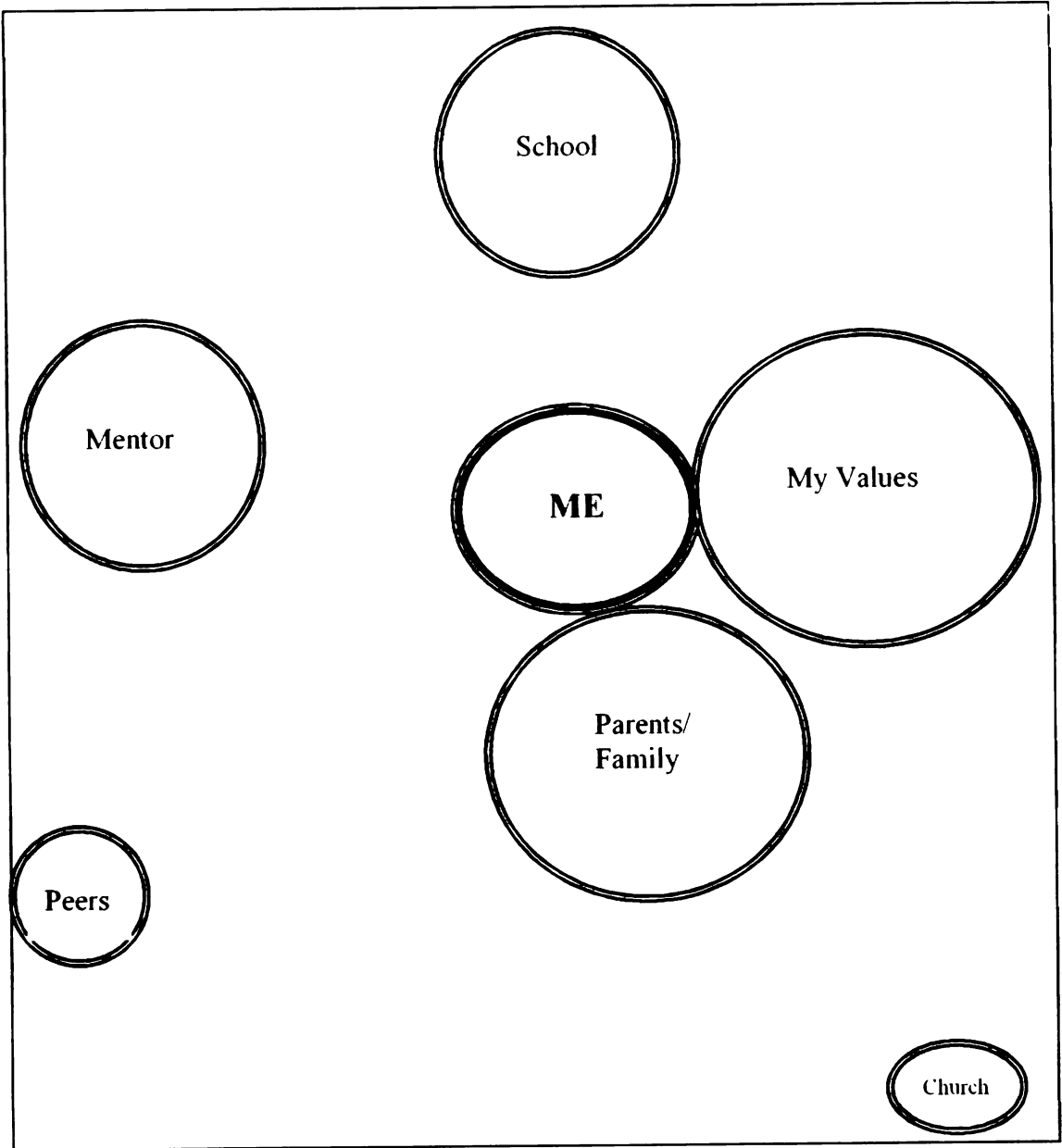
“There's so much pressure being Black in this society. I guess the pressure is to--to like not--not bring in the cultural differences and to just kind of you know--keep it peaceful, keep it you know non-confrontational, or keep it--keep it within like their language style or their style of relating and not my style of relating--that type of thing. It's never like stated--no one has ever said you know you need to talk like this, you need to comb your hair this way; like it was my choice like not to wear my hair you know in an Afro-centric type styles you know--twists or Afro-centric styles, and no one comes right out and says it – you just know it wouldn't be accepted –and that's pressure. I wish people could see me as Black, love that about me, and then just move on – just make race invisible you know.”

Linda also described her identity as burdensome when she said,

“Being Black, for me.... it's like I think it's like extra stress, extra effort; it's like having to meet another standard you know—I have to go out of my comfort zone to help other people feel comfortable instead of the other people going out of their comfort zone to help me to feel comfortable. So you know sometimes you get tired of doing it but then you know it's part of--part of what you have to do.”

Before responding to the research questions that highlighted specific ecological factors, participants were asked to visually demonstrate those ecological factors that they felt were most influential to their development. As depicted in the diagram below, participants used size and proximity of circles to describe those ecological factors most influential to their development as therapists.

Figure 4.1: Sample Ecological Factors Diagram



Upon review of the interview data, the diagrams did not provide the rich complexity as the stories participants told. However, it was interesting to compare these diagrams, drawn prior to the interview and thus reflective of the participants unbiased reactions, with the responses in the semi-structure interview. In most cases, these two sources provided matching data, with the exception of one participant that discovered a previously unacknowledged factor (time spent abroad) through the course of the semi-structured interview.

Research Question 1: How do interactions with various ecological systems from therapist's family of origin influence development?

Emerging Themes: Direct and non-direct influences; making sense of family of origin
After exploring various components of racial identity, participants were asked to reflect on experiences within their families. It became clear that all participants felt their development was affected by the experiences, events, and interactions related to their family of origin. The themes that arose highlighted both overt and subtle influences.

Some of the interview questions asked to determine the influence of family of origin were: How important/ present was race and racial identity in your family when you were growing up? Were issues of race or racial identity openly discussed? Tell me about the role of race in your family and how it has shaped your identity and development. It was evident in their responses to these questions that for the most part, a shared belief existed - family of origin played a significant role in the influence of racial identity on their personal and professional development. The responses from the participants

surrounding their family of origin fell into the themes of Direct influences, Indirect influences, Making sense of family influence.

Direct influences. The code for family of origin was separated into two thematic categories, direct and indirect influence, based on the manner by which the participant believed that race within their family of origin influenced their personal development. The direct influences pertained to those responses in which the participant felt the interactions with their family members directly influenced how they came to their values, beliefs, assumptions. Tamara's words seemed to capture this theme in her statement: "...My parents definitely talked about race and--the environment they worked in you know they were very open to talk about race and racial identity – really, any racial issues. It's pretty easy for me to say that race was very much a part of how they raised us. It was in the values they taught us." This passage illustrates Tamara's acknowledgement of the connection between her family's emphasis on race as she was growing up and how it has shaped her personal values and beliefs.

Paula also provided insight into the direct effects of being exposed to her parent's "extreme Black pride" in her statement: "I think my parents were extremely proud to be Black and instilled that in us. I never apologize for being Black. Because of them I have certain values – I feel good about Black people and believe we have more strengths than faults. "

Keisha similarly stated a firm belief that her professional development and her therapy with clients are affected by her racial identity and her experiences surrounding race within her family of origin. "My mom taught me through the way that she lived that we are individuals first and Black second. She accepted differences. I take that with me

now in my work with clients – I don't see race first, I see a person.” Keisha's statement provides evidence that her experiences as a child, not necessarily observing racial issues her mother handled, but the inherent way acceptance of differences was interwoven in her interactions, have increased her sensitivity to clients.

Paula also reflected on the more direct comments from her mother that guided Paula's development, “My mom yeah she'd always talk about you know--you know the school bus you have to be--you have to be very behaved--the other kids on the school bus because you're the black kid on the school bus. That's one of the things she taught me.”

Lastly, Linda credited the older generations within her family for shaping her racial identity and guiding her development, “I know for my great-grandmother it probably was more important than any--for anyone else. She talked about it all the time--the importance I guess of race or doing something meaningful, something great--the points of preparing yourself to be successful in the world--mainly a white world--”

Indirect influences. While each participant could report significant dynamics within their family of origin that played a major role in how they developed personally and professionally, about half of the participants also addressed influences from what had not occurred in their family of origin. For example, Linda reported developing as a product of what went unsaid in her family,

“I think growing up we didn't get any direct like there was no direct discussion like this is what it is to be black, you know you need to do this, that, and the other or like direct exposure to black culture specifically. There wasn't that necessarily but--you just kind of knew. I think it was--it wasn't something that was open--like constantly talked about all the time or looking back at my experiences I don't think it was--like my family made a conscious effort to talk about the importance of race or racial identity. But again, you just never questioned it, but it was still a powerful influence on how I became me.”

Similarly Tamara also reflected on indirect interactions within her family of origin,

“We were usually like the only blacks in the situation in you know growing up. My dad is a doctor so we were the only black people in my neighborhood, sometimes the only black people you know some of my white friends knew so race and identity was very important in my family because you know we always stood out. And even today, I don’t try to be like anyone else – I stand out.”

These examples demonstrate that participants could still connect the indirect messages in their families to aspects of development. However, one participant, Celeste felt differently – not clearly articulating anything from her family of origin that led to her development. For example, Celeste reporting having almost no discussion about racial identity within her family. Everything about race was external, and though she knew she was African American, it was not something openly discussed at home

“I can’t look back and say we did this, this, and that and spoke about race or tried to engrain a strong sense of racial identity in the--in the family. Looking back all I saw was a family; I knew we were black.... I’m not sure how important it was. My family was not the type to push me toward black art, black culture, black inventions; it was not a heavy focus on African American accomplishments. It wasn’t singled out or highlighted in any way. So I think I developed a racial identity and I think I got some values, but I can’t point my finger to any one thing that my family really *did*”

Making sense of family of origin

Interestingly, a major theme that emerged involved the participant’s ability to make sense of what they had been exposed to within their family of origin. In general, participants seemed quite open to reflecting on childhood experiences and the messages learned about race within their family.

Though Celeste initially did not report any family of origin influences, with further questioning and introspection, the researcher did uncover that this avoidance of race within her family profoundly influences the way Celeste views herself as a developing professional. She admits annoyance with clients and peers that inject race

into every situation. Her response indicates that she deems this family experience as a hindrance to her ability to fully comprehend the racial incidents others may encounter. At the same time, she feels that because her family is different than the one presenting clinically, it keeps her from potential induction or collusion, “I know my family was just it’s own animal and I don’t try to look at my clients in the same way, but I think its hard for me to identify with clients who present racial incidents.”

Keisha also discussed ways in which she understood or made sense of the messages within her family of origin and subsequently how it helped her develop as a clinician and confront issues of race with clients. In this passage, Keisha describes her parents’ negative reaction to her sibling dating someone of another race. Keisha disagreed with her parents’ response and as a result, has incorporated a different perspective into her value system, allowing this to guide her personal and professional development:

When my sister was dating this White guy, my parents just about flipped. They made it very clear that they didn’t approve of the whole interracial dating thing – before even meeting him, y’know? And I was like, isn’t that like reverse racism or something – how can you not like the guy before you meet him just because he’s White. So I know my parents didn’t like it, but I challenged them on that. They never changed their minds and she stopped dating the guy for some other reason I can’t remember. But, that memory really sticks out from me. I remember making a very conscious decision to never be that way. To see people, as people and challenge others if they do that. That’s how I am with friends now and that’s how I am with work too. I will challenge a client or anyone who pre-judges like that.

Research Question 2: How do interactions with various ecological systems from therapist’s graduate training program influence development?

Emerging themes: diversity coursework needs improvement, being a spokesperson shapes you as a therapist, challenging peers in the classroom, faculty pressure to conform or resist

To uncover other ecological factors that influence racial identity and a therapist's development, questions targeting marriage and family therapy training were raised. It was assumed that beliefs and values acquired through experiences from both educational training and working as a student therapist would influence the personal and professional development of the participants. Responses are categorized according to the relationship between the participant's various graduate training experiences and the influence that they believe it has on how they have developed.

All of the respondents believed that their experiences while training to become a therapist as well as being clinically active played an integral role in how their racial identity shaped their development. This was evident in their responses to interview questions. Some of these questions were:

1. How has race or racial identity been dealt with in your training program?
 - a. Give examples of ethnically-related incidents which you felt were difficult and positive. What did you think /feel? What did you do?
2. Have you experienced pressure to be/act white? Give examples and your reactions. What strategies did you use to do so?
3. Have you ever felt isolated? How have you handled that?
4. Have you ever felt you were viewed as the "spokesperson for your ethnicity"? How have you handled this?

All but one participant could point to specific examples of how race or racial identity was handled in the training program. Celeste, however, could not recount any incidents while in the training program and feels supported by a minority faculty member. She reported, "I think that there haven't been any specific incidents; I think race has come into play in this program for me just kind of gradually throughout the

whole process and I think it's been really, really great for me to have [Margaret] here as a faculty member because I go to her and talk about these issues." Celeste does not deny the existence of any racial incidents but rather has sought a minority professor as her recourse.

Graduate Coursework on Diversity Needs Improvement

Most of the respondents referenced a specific course on diversity as a clear example where racial identity was addressed in training. For example, Tamara stated "...we're enrolled in Gender and Ethnicity ... it's designed to make us more culturally sensitive and competent in therapy." Tamara goes on to discuss the value in taking a course on diversity, "I think it's a course that everyone needs, but we need more than just one course." Keisha concurred that the course was important to training but voiced frustration at repeatedly correcting the pervasively held stereotypes in the class,

"We took only one class...it's called Gender and Ethnicity; it is a class that seeks to enlighten us on cultural diversity issues and marriage and family therapy. Yeah right, like one class is going to do all that... Myself and the only other ... black student in my cohort..., we were in the class together and we spent so much time debunking myths about African American culture and maybe not so much myths--now that I think about it--but stereotypes and providing a different spin or perspective. It was so crazy."

Paula, who came from a historically black undergraduate experience, also spoke out a lot in the class and described taking this required course from the perspective of the only black in the program,

"I took a Gender and Ethnicity Course that we are all required to take as a part of this program, and I mean I think I definitely spoke up quite a bit in that class--quite a bit about black issues and getting rid of stereotypes; it was kind of difficult though because when I came to the program the first thing I noticed is that I was the only minority in the class. It's such an important topic - I can't believe we only have that one class."

Keisha echoed a similar sentiment, but more importantly discussed her disappointment with the lack of integration of race throughout all graduate courses. She described meager attempts at integration when she said,

“...I think race was brought up in one or two class periods when we talked about using different models--things to consider, cultural things to consider.... And there was a 45-minute presentation that I did in that class. And I’m trying to think if we really talked about it aside from that in class--I don’t think so.”

The Role of Spokesperson - Shaping Therapist Identity

Given the low numbers of African American females enrolled in marriage and family therapy training programs, it was not surprising to hear many participants cite examples of being the only one in a class. Because of this, most participants could identify with being placed in the role of spokesperson, or expert on the African American race and experiences. Whether this role was embraced with appreciation or regrettably forced, participants have demonstrated that these experiences have shaped their identity as therapists.

Oftentimes, participants reported annoyance or exasperations with this responsibility. For example, Linda reported, “When we are having discussions on race the whole room will like look at me like you know speak up; you’re the spokesperson... whatever I say is almost like you know I have 100-percent credibility. Sometimes you want to scream.”

Likewise, Paula expressed,

“...I’m a black student and whether it’s meant to be that way or not I feel like I’m representing black people in that class and so that creates a whole new list of pressures for me and a feeling like I have to speak out when we talk about minority issues or black issues or the fine line of when to speak up and when not to speak... when I’m speaking am I providing insight or am I affirming those stereotypes with these people? And so it’s very difficult to me in that way.”

Linda agreed that at times the decision to speak out is a struggle, especially when:

“People in my class would say things about Black people that was insensitive or from my perspective mean or hurtful and at that point it would be stressful to sit and listen... to stay diplomatic or be politically correct when they were demeaning my experience as a human being... There’s a level of sensitivity sometimes in other cultures or maybe just the Caucasian culture that makes it hard for them to receive information about some of the things they say about other cultures primarily the African American culture that may be callous or insensitive without them then becoming offended or without them dubbing us the ‘angry black person’; ... that’s another battle within itself--when to correct somebody and when not to.”

The participants demonstrated that they use these experiences as they develop their therapeutic style. Celeste articulated this best when she said,

“I felt somewhat uncomfortable because I feel like I’m put in the expert seat and I’m not the expert. There is no one black experience and I’m not the expert and I think that’s the main thing that makes me uncomfortable is that I feel like I’m put in that seat and I feel like I’m required--I’m supposed to know everything there is to know about black people and black experiences. I think about that when it comes to my clients. They are the expert on their own lives. Just because a client is female or is black or both, doesn’t make me an expert on her life. I do my best to make sure the client knows she’s the expert on her own experience.”

Keisha voiced frustration with being a spokesperson when she said, “Sometimes it’s annoying and ...I get tired being the negro in the china cabinet... and everyone looking at me and like putting me on the shelf and seeing what I’m going to say or do.”

But she also described how this experience has shaped her development as a therapist, allowing her to better relate to her clients feelings of isolation.

“Sometimes you just get tired of like not really fitting in like you know sometimes it--it feels good... to walk in a room and everyone looks like you and you know for your norm to be their norm instead of having to adjust to other people’s norms... it’s always hard being like the only whatever... I guess that’s how clients must feel. They come in this therapy room and put all their life on display and I’m sure it feels good when someone can normalize what they feel instead of making them feel crazy. I try to take that approach when I meet a client. At times, these same participants can cite examples of embracing the role of

spokesperson for the race – grateful to enlighten others. Celeste stated, “But then other

times it's like they don't know the answer; they are like really looking at you as someone that's like an insider trying to help the outsiders out." Linda similarly reported, "usually my attitude is positive about it because I want people to understand that some of the things they believe and have seen about African Americans is untrue."

As far as influencing development, Paula highlighted the response of one faculty member when she was the only African American in a class, "the ground rules were we're not going to make Paula the representative for all black students... that was a huge relief for me because that's how I felt in the other classrooms whether it was said or not." Paula indicated that she was grateful for that teacher and has since used similar phrasing when starting a therapy group on campus for eating disorders. In realizing that there was only one male in the group, she also assured him that he would not be asked to speak on behalf of all males.

Challenging Peers in the Classroom

Participants were also asked to examine the role of peers as influential to their development. As expected, the classroom environment presented opportunities to confront issues of race and played a part in the developmental process. Celeste recounted a time in class when, "we were talking about your ethnic genogram ... and so we're talking about when your people first came to America and some of them didn't acknowledge that slavery happened ... they ignore really big things. What do you say to that, it's ignorance. I didn't even argue it." Celeste acknowledged that there are times when she will not address "ignorance" and believes that her acceptance of self-constructed reality has helped her development and supports her allegiance to postmodern therapy approaches.

Likewise, Paula identified frustration with peers when discussions of race came up in class and also chose not to confront her classmate.

“I felt like we were in a China cabinet that day--that all of our issues as a race had been dissected and scrutinized by other cultures as if we’re not human beings sometimes. And even though it’s okay to talk about people’s issues and you know want to understand more sometimes I just get tired of hearing other people’s perspectives on why the African American culture is the way it is. ...it was so frustrating... it was complicated... I ended up never approaching her about it.”

Unlike Paula and Celeste, Tamara could recall an incident where she did challenge a classmate who made generalizations about the entire race. This example typifies her response in personal and professional settings. Tamara did not fault the classmate, but blamed authors who publish works on therapy and ethnicity. She reported that these articles confuse student therapists and make them believe that there is a shared experience in each racial group. In a discussion with a classmate, Tamara said,

“... You can’t say things like that... I know that we read these books and you think, ‘oh, that’s all black people’, but it’s not. Franklin is [These authors are] good and I like her writing but she’s not like--that’s not the only person you bring in when the word ethnicity comes up and you’re talking about a black family... there’s not just one example for black families...”

Faculty Conflicts – Challenge Self, Conform, or Resist

Inherent in the faculty-student relationship, the faculty member holds power. When participants examined the role of faculty in their development three themes emerged, when conflicts arise either a student feels forced to challenge her own beliefs, conform to the faculty’s belief, or resist addressing the situation. Tamara shared an encounter when her professor, who also serves as her clinical supervisor, advised her to refrain from bringing up race in the therapy room unless the client initiates it. Keisha received this comment negatively,

“It was like you have to be black on your own time, not when you’re at school or... in therapy... unless you were in a class with a discussion on ethnicity. Then it’s like you know more okay to you know be black. But if I feel a client is experiencing racism or oppression, I’m not allowed to bring it up?!”

In this circumstance, Keisha felt she had a choice to make – she could follow the advice of her supervisor or continue to respond according to her own beliefs.

In another example, Paula explained that although professors make attempts at cultural sensitivity, they often set a poor example for other students. Again, these situations force a student to determine whether to challenge conflicting beliefs or conform. Paula spoke about one professor as follows:

“... she’s a feminist and she’s like all about culture and you know understanding multiple cultures but then a couple times I’ve pointed out where I thought that maybe she was--she could you know have a--a wider perspective on things. She was like defensive and closed to that idea... Generally the faculty is really trying to be what’s the word--they try to be open to culture and have open discussions about culture but sometimes I think they aren’t able to and aren’t able to like recognize or acknowledge when they’re not. So the other students see that.”

Research Question 3: How do interactions with various ecological systems from therapist’s clinical exposure influence development?

Emerging Themes: relevance of race to clients, racial identity increases vigilance, race enhances credibility, race as a help to therapy

As a student therapist, each participant balances a combination of clinical and theoretical courses with practical application – clinical sessions. The didactic and the applied are instrumental in shaping the development of student therapists. Participants were asked to reflect on racial identity as it was experienced in their clinical exposure. Participants were asked to think about how racial identity is present for them in their professional role as clinicians. Though racial identity is acknowledged, it remains

unclear whether, when or how to bring up these issues in clinical practice (Cardemil & Battle, 2003). Some of the interview questions asked included:

1. Do you think your credibility is enhanced or diminished because of your racial identity? In whose eyes? Do you feel that you had to give up any aspects of your racial identity? What are your feelings about having to do so?
2. How influential do you think racial identity is currently in your professional life?
3. How much do you bring up/point out racism directly to your clients?
4. When a racial/ethnic related issue is brought up in therapy, how do you handle your thoughts and emotions – with client and internally?

Racial Identity Affects Therapist – Relevance to Work, Increased Vigilance

In examining their clinical activity with diverse clients, respondents introduced a broad spectrum of responses; for the most part differences were demonstrative of their years of clinical experience. Linda, a first year student who has very limited clinical experience, does not identify racial identity as integral in her work when she stated”

“I think they see the fact that I’m young and in a training program as a sticking point. And I think they focus more on like how can you help me and not like how can this *black* therapist help me? That’s how I think too. I don’t think about race in therapy most times. I try to walk in that room as just a therapist, not a *black* therapist.”

Tamara, who in addition to completing the 500 Masters level clinical hours has also been trained to become a supervisor, expressed a differing opinion in the passage below:

“I bring a lot of me to my work with clients. I am confident in my racial identity and feel strongly about certain values. I don’t check my ethnicity at the door. It’s right there in the room with me. I leave it very open for clients to discuss race and particularly to discuss how it is for them having a black therapist.”

For Tamara, her racial identity is integral to her work with clients.

Overall, the other respondents felt similarly. Most participants commented on the omnipresence of race in their clinical experience; specifically, how they develop as a therapist and how they view a client’s reality. Primarily, the participants felt that racial

identity was present for them as clinicians at all times, regardless of the race of the client or the presenting issue. One participant said,

“being black and thinking about race is important every minute because no matter who I’m in here with realistically if I’m here with a white client I’m thinking about race and thinking about how it is or is not affecting what’s happening, how their struggle is similar to a struggle I’ve heard before from another ethnic group or how it’s similar to my own struggle and making sure that I try to stay balanced and look at them as an individual as not as a Caucasian person who is you know going through this for X, Y, or Z reason.”

A few participants reported increased vigilance concerning racial issues in therapy. Paula, in particular, reported gaining strong comfort with her racial identity through her client experiences and describes this comfort a factor that helps her as a clinician. “Because I’m so attentive to race, I think that makes me a better therapist. I can relate better to minority experiences.” Somewhat differently, Keisha also acknowledges strong comfort in her racial identity, but reports this factor as an impediment in her professional role. She finds that she is hyper-vigilant to issues of race in the therapy room – often seeking supervision to monitor her blind spots. She stated:

“...For me, I always have my antenna up. Like I’m waiting for something racial to come up or be hinted at. It’s so bad that I bring it up in supervision all the time. I think I know myself pretty well and I want to make sure I’m not doing the client a disservice, by seeing things that aren’t really there.”

Racial Identity Affects Therapy – Credibility and Joining

Participants varied in response to how they viewed their credibility as therapists – at times because of differences in experience level, but more often, participants reflected on their racial identity as influential to credibility. For some participants, they view racial identity as an enhancement to credibility as a therapist. For example, Celeste stated:

I feel like the word credibility is kind of like difficult for a therapist in training that’s young – but I think it’s somewhat enhanced. ...I feel like it’s [my racial

identity's] given me a broader scope of you know being able to empathize with different clients and different situations. I think my credibility is definitely enhanced - both by me and by my clients.

Paula also describes how her racial identity enhances her credibility, but specifically feels this way for clients within the African American community. She reported:

....within the African American community I believe that for the most part so far it's been enhanced. They trust that I have a certain amount of background knowledge about their struggle. Whether that's true or not, you never know; but it is a perception that they have before therapy starts sometimes. With other populations I can't really tell whether or not it's enhanced or diminished. I just don't know.

One participant explained the challenge of race and joining with clients as follows:

...in some ways has actually helped me [dealing] with certain clients--not just black clients--clients of different minority groups... I think sometimes with clients I--myself go into the room thinking okay like this is a black family. I should be able to join with them more comfortably than a similar white family and that's my own mistake, like I go into it thinking--it will be great. And it does not necessarily... it does not always help the joining and sometimes it--it seems like it's almost a hindrance to joining. I think some of these clients pick up on--well they know you're in Grad School for one thing and they're like oh you must be spoiled or from a different class... they don't look at race as a joining point and like you know we're not the same and you don't get it; you don't understand X or Y...

Research Question 4: How do messages received regarding race and power influence development?

Emerging Themes: Managing the role of power, clients' response to power, power and therapist style

Managing the Role of Power

When participants discussed the influence of racial identity in their work as therapists, it was primarily in this context that participants shared how they have learned to manage power differentials. Some reported difficulty, while others stated more ease.

Participants defined their beliefs about power as something “you may hold but don’t need to flaunt”, something to “take pride in, it’s not often a Black women can say that she holds the power”, and something that is “a little terrifying... I’ve never been taught how to handle that role”.

Clients’ Response to Power in Therapy

As a few stated, inherently the therapist in the room holds a more powerful position but a few participants voiced that the complexity of ethnicity diminishes that power – as in Linda’s passage below,

“You would think we had more power as the therapist. But I think clients see a Black person first and a therapist second. And in some way feel that, especially if they’re not Black, that they have the upper hand or that I’m in some way inferior. Maybe that’s more mental than anything, but sometimes I wonder...”

These individuals reported incidents where clients questioned their interventions or their ability to empathize because they lacked confidence in an African American therapist. Remarkably, these comments about power cut across the lines of race or gender, as participants cite similar remarks from clients of various ethnicities and both genders. For example, Paula stated,

“It didn’t seem to matter who the client was. I’ve either felt that doubt or they’ve been more obvious about it. Sometimes I just feel like they doubt my abilities – like, ‘what could this Black lady really have to say?’ And other times, clients have just come out and asked me, even other Black female clients, to explain where I was in the training program and if I had enough experience with this or that – depression, eating disorders, whatever – to really help them.”

Power and Developing a Therapeutic Style

Participants described the challenge of developing their therapy style and managing the role as power position. Celeste reported difficulty developing a therapeutic

style and discomfort accepting the role as the more powerful individual in the room. This participant describes the feeling as traveling through “new territory”:

“It’s like a whole new feeling to be the one with the power. I don’t know what to do with that most of the time. It’s like new territory that no one has really taught me how to traverse – not my family, not this program.... So I struggle with figuring out my approach to therapy sometimes.”

Linda stated that she works hard to minimize the power difference in therapy and tries to create collaborative settings but has found that some clients resist her attempts, seeking more directive therapy.

“I try to discourage this barrier of ‘I’m the mighty therapist’ and ‘you’re the lowly client’. I mean, I’m no expert. I try to remind the client that they’re the expert on their own lives and tell them that they have control of the therapy process. But sometimes they don’t want that. It’s like they want me to be in control, tell them what to do, lead the process. They’ll say things like ‘what should I do?’ Or ‘I’m paying you money for answers’.”

From these results, the researcher found that participants have varying internalized beliefs around power in relationships, formed from either messages within the family or from lived experience. In either case, these findings convey that participants have an awareness of power differences in the therapy room and, based on their belief system, have sought different ways to manage it. Haddock, Zimmerman and MacPhee (2000) state that feminist informed therapists should be proactive, not neutral or silent, about addressing power dynamics in therapy or risk conveying implicit support of power differentials.

Racial Identity Measure Results

Before beginning the interview, participants answered questions related to their racial identity using the Multidimensional Inventory of Black Identity (Sellers et.al , 1998). The purpose of this instrument was to articulate the heterogeneity in the

significance that African Americans place on race in defining themselves as well as in their definitions of what it means to be Black. The results of the Multidimensional Inventory of Black Identity (MIBI), see Table 4.2, which measured centrality, regard and ideology actually provided interesting insight into the concepts that participants found important in shaping who they are – self-governing values and belief systems.

Understanding Results

The racial centrality scale consists of 8 items measuring the extent to which being African American is central to the respondents' definition of themselves. The 36-item racial ideology scale refers to the individuals' attitudes and beliefs about the ways in which African Americans should act. Four ideological themes have been identified – nationalist, oppressed minority, assimilationist, and humanist. The final dimension, racial regard, refers to individuals' affective attitudes toward African Americans. It is divided into two subscales with 6 items each - public regard and private regard. Public regard refers to the extent to which an individual feels the African American community is viewed positively or negatively by others. Private regard refers to the extent to which an individual feels positively or negatively toward the African American community as well as how she feels about being a member of the community.

After the MIBI was completed, the researcher asked the question: As you think about your racial identity and development as a therapist, which questions would you like to highlight and discuss?" This question was asked to give participants an opportunity to expound on those instrument items that address development. Responses indicated that participants could highlight questions that were helpful in exploring racial identity and its influence on development.

By definition, a person with a nationalist ideology who emphasizes the importance and uniqueness of being African American should view race as central to her identity (Sellers, Rowley, Chavous, Shelton, & Smith, 1997). Interestingly in this study, Paula, Tamara and Linda all appear to be highly nationalist, but Paula has race as highly central and Tamara and Linda do not have race as central to identity. In the semi-structured interview following the MIBI, only Paula's statements seem to support this view. She reported: "I feel very attached to my people. I've been in group settings and always feel most comfortable in my own skin and most like I belong when I'm around other Black people."

Private regard attitudes have been shown to be positively related to personal self esteem in college students (Rowley, Sellers, Chavous, & Smith, 1998). Feeling positive about African American was only related to higher self-esteem for those whom race was central. When racial centrality is low, however, no significant relationship was found (Sellers, Chavous, & Cooke, 1998). Together, these studies suggest that individuals' attitudes and beliefs regarding racial identity are only predictive of important outcomes for those whom race is highly central in how they view themselves (Marks et al., 2004). In this study, Keisha, Linda and Celeste all reported low scores for racial centrality. Given the research findings, it would appear that the MIBI results are not very telling about the relationship between racial identity and therapist development.

Many participants talked about family of origin and mentioned the emphasis placed on exposure to church, Black art, music or museums, and Black professionals as influential in their identity and development. These descriptions stood out as core aspects of how participants made sense of who they are and how they got here. It is important to

note that this inventory makes no value judgment as to what constitutes psychologically healthy or unhealthy identity. It describes the status of individuals' racial identity at a specific point in their lives as opposed to describing an individuals' racial identity development.

Conclusion

Overall, the research findings were compelling. Participants were reflective and insightful as they evaluated the magnitude of racial identity and various ecological factors on their development as therapists. The semi-structured format of the interviews provided the flexibility necessary to ask follow up or probing questions. Table 4.3 highlights an overview of the emerging themes by research question. Despite a few differences across interviews, many consistencies were noted in the influence of racial identity with respect to family of origin, graduate training and clinical experience on therapist development. More notable variations were cited in regards to the role of power in development. The racial identity measure was helpful in demonstrating the importance of understanding racial centrality in predicting outcomes. The following chapter will provide a discussion of research findings, their implications, and suggestions for future research.

Table 4.1: Sample Demographics

Participant Name	Family Racial Background	Level in Training Program	Clinical Experience
Celeste	African American, Latino, Native American	1 st year, 2 nd semester; no internship	<100 hours
Keisha	African American, Indian, Portuguese, African	1 st year, 2 nd semester; started internship	Approx. 200 hours
Linda	African American	2 nd year, 2 nd semester; completed internship	Approx. 450 hours
Paula	African American	2 nd year, 2 nd semester; will complete internship in 2 months	Approx. 400 hours
Tamara	African American, Caribbean, Muslim	2 nd year; graduates in May 2007	Supervisor in training; completed 500+ hours

Table 4.2: Results of the Multidimensional Inventory on Black Identity

		Paula	Tamara	Linda	Celeste	Keisha
Ideologies	Centrality	52	13	7	8	6
	Private Regard	40	26	23	27	22
	Public Regard	12	3	4	11	4
	Assimilation	47	43	36	45	53
	Humanist	37	48	41	54	48
	Minority	42	40	36	46	31
	Nationalist	38	39	41	35	32

Centrality – scores range from 1 to 56 with higher scores indicating that being African American is highly central to the respondents’ definition of themselves.

Ideologies – scores range from 1 to 63 for each theme.

Nationalist – high scores indicate the person’s tendency to stress the uniqueness of being Black and belief that African Americans should control their own destiny with little input from other groups.

Oppressed Minority – high scores indicate that not only are individuals acutely aware of the continued oppression of African Americans but also seek to find a link with the oppression of other minority groups.

Humanist – high scores indicate that the person does not think in terms of race (low importance in the way they lead their lives and view the world) but rather focus on larger issues facing the entire human race.

Assimilationist – high scores indicate the individual’s desire to interact socially with Whites and enter into the mainstream; it does not imply a lack of acknowledgement of racism or a disregard for the importance of being African American.

Racial Regard – scores range from 1 to 42 on each subscale.

Public regard- high scores indicate that an individual feels the African American community is viewed positively by others

Private regard – high scores indicate that an individual feels positively about the African American community and about being a member of the community.

Table 4.3: Emerging Themes from Data Analysis by Research Question

Research Question	Emerging Themes
RQ1	<p>Direct influences</p> <p>Indirect influences</p> <p>Making sense of family of origin</p>
RQ2	<p>Diversity coursework needs improvement</p> <p>Being a spokesperson shapes therapists</p> <p>Challenging peers in the classroom</p> <p>Faculty pressure to conform or resist</p>
RQ3	<p>Relevance of race to clients</p> <p>Racial identity increases vigilance</p> <p>Race enhances credibility</p> <p>Race as a help to therapy</p>
RQ4	<p>Managing the role of power</p> <p>Clients' response to power</p> <p>Power and therapist style</p>

CHAPTER FIVE: DISCUSSION

The findings in Chapter 4 were based on interviews and supported information from marriage and family student therapists. This chapter provides a discussion of research findings and their implications. It will first address the theoretical implications of Human Ecological Theory and Feminist Theory. Specifically, the original theoretical and conceptual map introduced in the first chapter will be discussed in light of new findings. Additionally, this chapter will include study limitations and suggestions for future research. Finally, clinical implications will be presented, which will help to provide additional insight into the influence of racial identity on the development of student therapists and how this information can be used in the shaping of future clinicians.

Theoretical Implications: Human Ecological Theory and Feminist Theory

As is the case in phenomenological research, the purpose of this study is to describe experience as it is lived and understood by people (Husserl, 1970). Participant interviews illustrate the various factors that affect racial identity and influence personal and professional development of student therapists. It became evident that these two concepts informed one another, in that, personal development was influenced by professional experiences and professional development was, in part, a product of personal interactions. As a result broad themes of influence emerged, blurring the concepts and creating a challenge to separate themes as influential on personal or professional development. These themes demonstrated the influence of the two theories that guided

this study. As a result, a new conceptual/theoretical map (see Figure 5.1 and Figure 5.2) and a process model (see Figure 5.3) were constructed.

Figure 5.1: Revised Theoretical Map

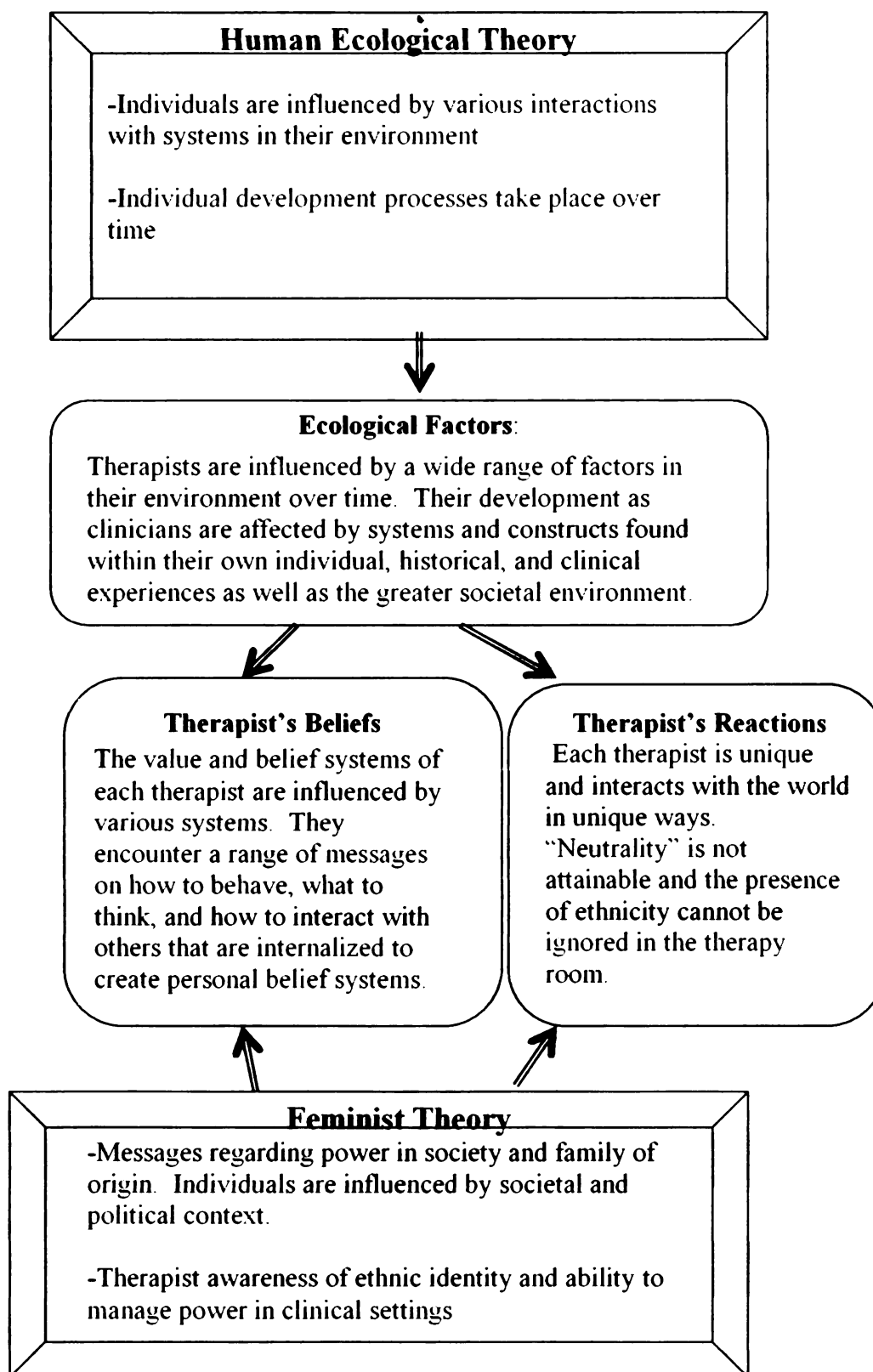


Figure 5.2: Revised Conceptual Map

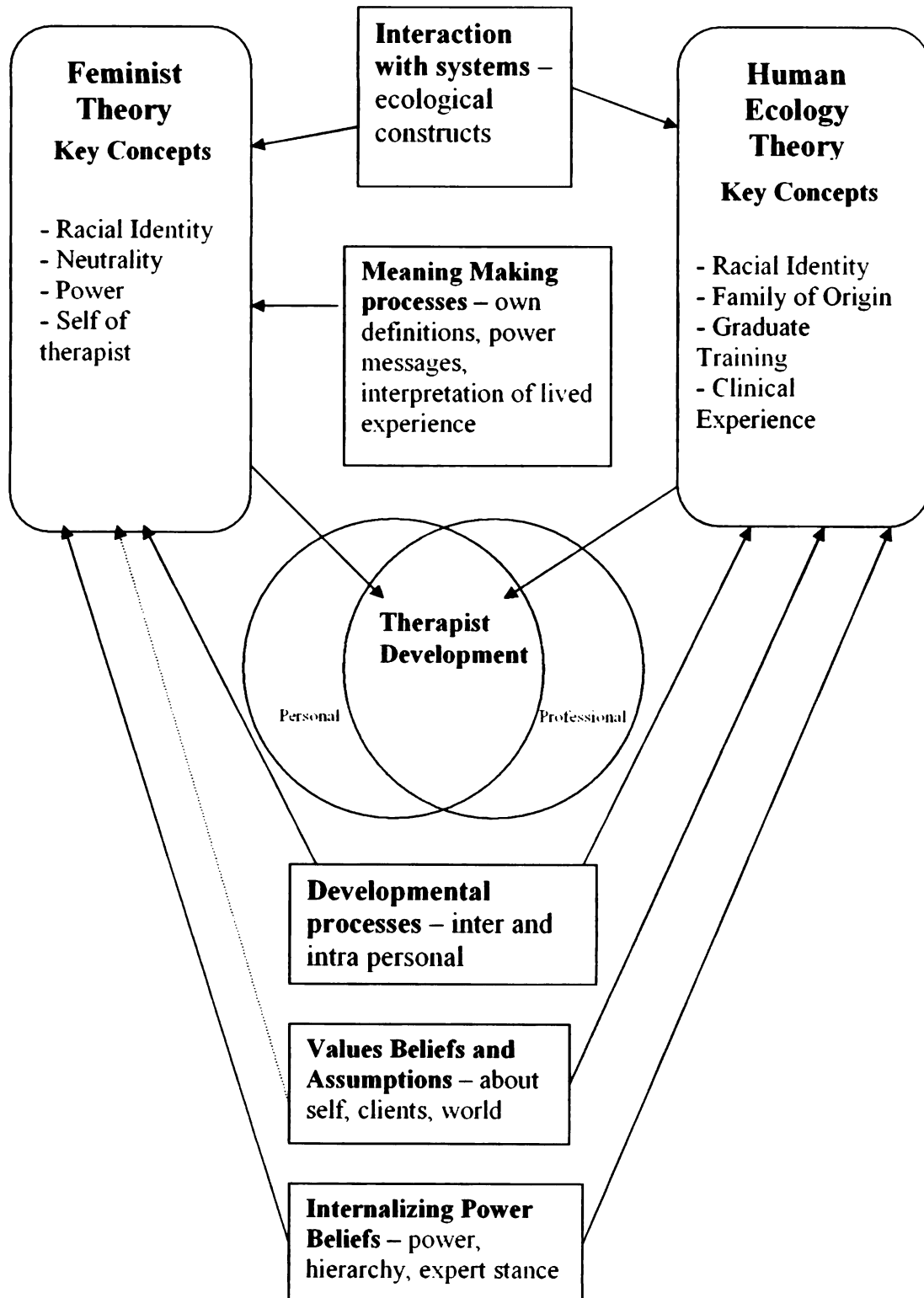
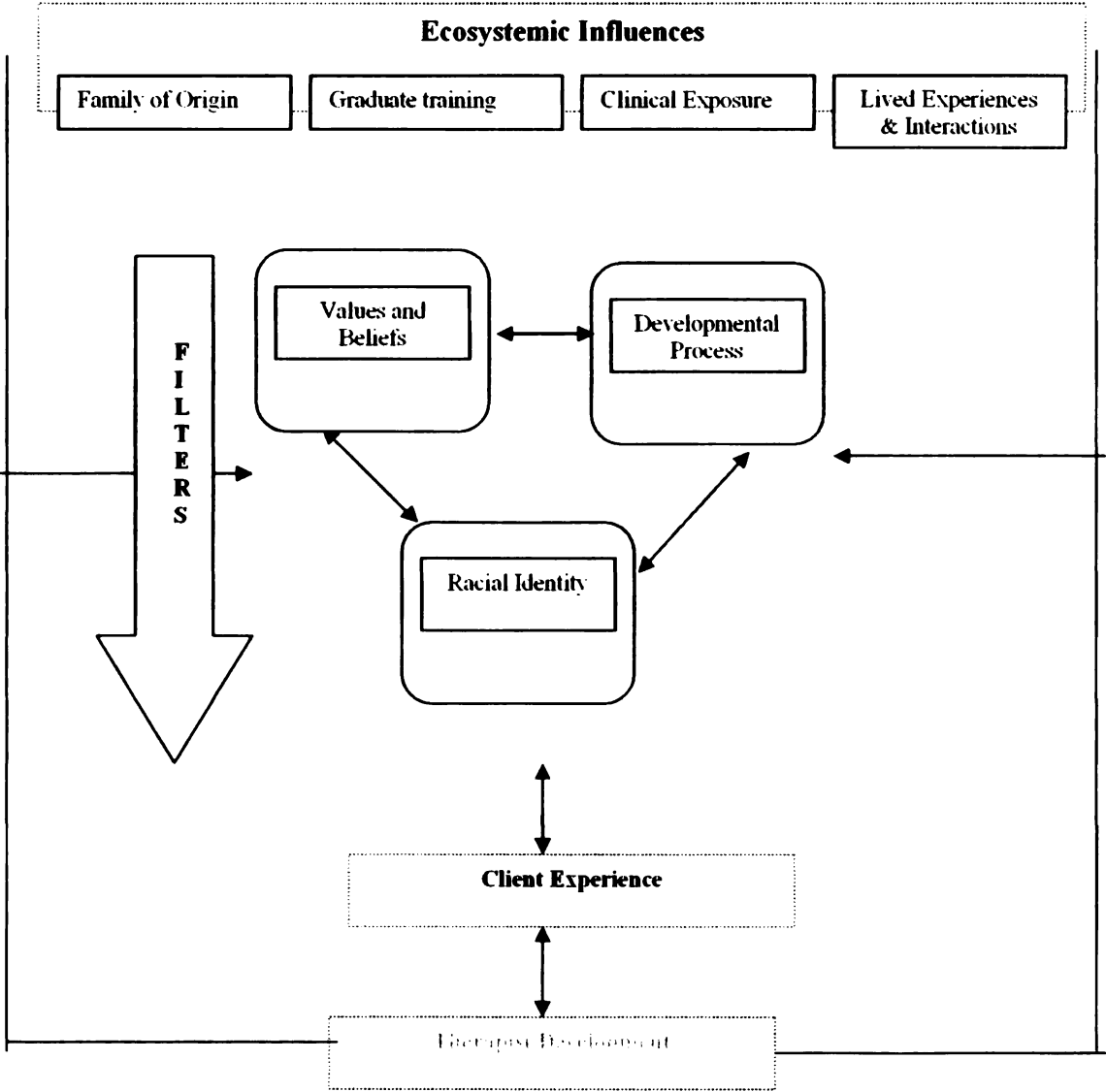


Figure 5.3: Process Model Based on Findings



A Process Model of Student Therapist Development

Meaning-Making

A process model of student therapist development was constructed (Figure 5.3). Certain ecosystemic environments were found to be a great influence on development. The systems are the foundation for the components that affect personal and simultaneously, professional development. However, in interpreting the data, it was clear that exposure to these systems and experiences did not, by itself, explain development. But it was the individual's interpretation of these interactions – the meaning making or how the individual made sense of their experiences that surfaced as a central theme throughout the study. This finding supports Bronfenbrenner's (1995) person-context-process-time model. This suggests that aspects of the environment, beyond the immediate situation containing the subject, may not have a direct effect, but an indirect effect through how an individual makes sense of that interaction.

During the interview process, participants were asked directly and indirectly to describe how they had made sense of the ways their racial identity as shaped through ecological factors influenced their development. Stepping back from the data, this sense-making theme became central in understanding each of their descriptions of lived experiences. Throughout the interviews, participants addressed the process by which each of the ecological factors influenced their racial identity and development. This meaning-making process served as a theme across participants helping to explain influential factors to development.

Bronfenbrenner (1995) believed that throughout the lifespan, development takes place through processes of progressively more complex reciprocal interaction between the active, evolving individual and different people, objects and symbols in the immediate environment. This would suggest that the meaning-making process and the continuous challenging of belief systems is a recursive process that does not hold still in time. Thus, the student therapist's development would be changing as they continue to personally develop over time. Likewise, a feminist model would also take this phenomenon into account in that it assumes that the therapist enters the therapy room with evolving personal values and beliefs (Corey, 2005).

Each of the research questions addressed how the components of the individual's environment, including family of origin, clinical experience and graduate training, the development of their values and beliefs, and the meaning-making process influenced their development. The following section will address how the primary constructs, as described by the study participants, relate to the new process model. Current literature and guiding theoretical approaches are integrated into these discussions.

Human Ecological Theory and Ecological Constructs

Families, schools, and the community represent overlapping environments which influence and are influenced by each other. Bronfenbrenner's model explains how humans develop in the context of their unique environments or ecologies. The influence of each system - home, school, and community - interact and affect each other in interaction with individual development. Ecological theory is helpful in understanding how culture and different socialization experiences shape development.

Family of Origin Influences.

According to Family Ecological theory, the family is the central system from which values and beliefs are primarily transmitted (Bubolz & Sontag, 1993). Despite the range of experiences of the participants, it was evident that family of origin had both direct and indirect effects on therapist development. As expected, participants demonstrated that the messages received from their families of origin created the foundation for their views on ethnicity and were integral to their racial identity. Participants made sense of how their family interaction shaped their development – specifically, what meaning they have taken from it and how it has shaped their beliefs and values. Thus the themes that arose focused on the overt and covert messages received about race and racial identity within the family.

Family of origin influences appeared on two different levels. Initially in the interview, the participants were able to discuss their families' openness to explore issues of race and racial identity. As a primary socializing agent, families transmit messages to children – through intentional and unintentional messages, childrearing behaviors, and other interactions (Johnson, 2003). Keisha's response was demonstrative of the strong influence of family on her values when she said,

"I don't know. My family was always pretty clear about the fact that as Black people we have to work harder than others [white people] to get the same reward. There was no acceptance of mediocre grades – you had to do the best. As usually the only black in a class, my family instilled in me the importance of not just being the 'smart Black girl' but the 'smart girl'. I guess that's why I always pushed so hard. I wanted to make my parents proud, but bigger than that, they taught me that I had to make my whole race proud. I knew I was Black always, but I also wanted to be the best. Even to this day, I always try my best to succeed at everything I do because I feel like I am representing the entire Black race. It's one thing to let one person down, but not the whole race. It sounds silly when I say it out loud I guess, but it's true. My parents definitely made me value hard work and excellence – even now.

This passage illustrates that for Keisha, the values that she has about racial identity and hard work are directly connected to messages she received growing up. When she makes sense of her commitment to excellence now in graduate school and as she becomes a clinical practitioner, Keisha reflectively attributes her development to these lessons learned within her family.

Another way of understanding the influence of the family of origin considers when the participants did not have anything specific to recall. This happened when two participants reported that nothing from their family of origin impacted their development as therapists. However, the participants still reported having closely held beliefs that in fact were based on dynamics from the family of origin. This would indicate that the lack of reference to a direct interaction within the family can be just as influential as having one to recall.

Through discussion of results on the MIBI, even those participants who stated that their family avoided issues of race or ethnicity, still admitted an indirect effect of this environment on their development. Results showed that a few participants may have adopted a similar way - learning to shy away from discussions on ethnicity or contrastly, become hypervigilant, and in Celeste's words, see "race is in everything, no matter what anyone says. I think it has made me a more culturally sensitive therapist."

Additionally, in completing the personal data questionnaire, participants elaborated on the racial identity effects of being raised by parents with particular education levels and varying cultural backgrounds. For the most part, participants who had American-born and college educated parents described themselves as a highly assimilated, knowing when to switch their language or dress to fit the majority culture.

As Tamara stated, “I’ve been taught how to straddle... I speak a language associated with the black culture when I’m around certain blacks because I am genuinely comfortable with this language. I speak formal English when I’m with whites.” This is not unusual, code-switching allows African Americans to identify what language is acceptable in different situations and modify their speech to the appropriate style (Hecht, Collier, & Ribeau, 1993). Even though the use of Black English for individuals develops naturally as a part of having been reared in African American cultural environments, African Americans develop the ability to code-switch in order to manage in a society in which they are a racial minority. Although the majority culture does not have to learn non-standard English, most members of minority groups are obliged to learn the standard dominant language to get along in school, at work, or in any mixed group settings. (Flowers, 2000, p. 2)

Because of this, these individuals credit their families of origin in facilitating their development and ease of working with majority culture clients. However, the participants who had foreign-born parents did not have a consistent response. Because of the small sample and inconsistent responses, it can not be clearly concluded from the findings that the education or nationality of parents play a role in therapist development.

Clinical Environment

Another important component of the developing therapist’s microsystem involves the clinical environment – consisting of the graduate training program and the exposure to clients. This part of the system has a unique role in the therapists’ world due to the opportunity for this realm to continue to challenge and shape therapists’ value and belief systems. The family of origin is, at this point, not central but more peripheral in the

therapists' life, such that the clinical "family" becomes the new primary socializing agent that molds a student therapist into a professional clinician. As a result, this environment, consisting of peers, supervisors, professors and clients becomes the intimate setting from which the individual continues to grow and challenge their belief systems.

Graduate Training

As expected, the graduate training program appeared to have a great deal of influence on the participant's development. In fact, professors play an important role in influencing students directly through the microsystem which is their classroom. Instructors indirectly influence the socialization of students (Berns, 1997). This setting also greatly influenced the value and belief systems of the participant as they observed how faculty and respective peers integrated, ignored or questioned the salience of race in coursework, discussion and interactions. A consistent theme among participants included emotional reactions aroused by faculty and classmate interactions.

As Nelson, et al., (2001) suggest, whether as a separate course and/or infusion throughout all courses, ethnicity issues need to be a part of every clinical training program. The study demonstrated that participants felt graduate training programs were often remiss or did a poor job integrating race in the coursework. Most participants spoke of a required course on diversity and culture, but expressed disappointment at their training programs for minimizing discussions of ethnicity. Whether as an enhancement or a detriment, participants agreed that the graduate training program heightened ethnic awareness and subsequently altered their personal views and professional orientation. In some cases, upon reflection, participants were grateful for the lack of focus on ethnicity in their training program. These individuals explain a forced maturity changing their

personal beliefs and shaping their development as a clinician. In training they embraced their racial identity, challenged others cultural awareness, and gained confidence bringing issues of ethnicity to the forefront in discussions where it was ignored. Others attribute their sense of discomfort with clients who present racially charged issues and their personal ambiguity with the presence of racial identity in their development to the poor integration and at times deficit focused conversations about ethnicity in their training programs.

Clinical Experience

Additionally, participants reported how their racial identity within a client setting has shaped their personal and professional development. Most participants reported that their racial identity is very present in the therapy room with clients and has been instrumental to developing their therapeutic style and choice of interventions. Participants reported choosing to implement interventions only after evaluating the theory for cultural sensitivity. The awareness of racial identity was a driving force for many participants as they develop their identity as therapists.

Collision of Values

An interesting finding involved the theme in which some participant's seemed to confuse two areas which seemed to conflict with one another – namely the values around race and racial identity received from their family of origin and the lack of integration of race and racial identity in their training program. It became evident that most struggled with these issues and how they fit together with regard to their development. These two constructs, both being within the microsystem, refer to the specific interrelation of two of

more settings in which the individual participates (Bronfenbrenner, 1979). This finding strongly addresses the potential incongruence between the value systems of the individual's graduate training environment (e.g., training curriculum, clinical cases) and their family of origin. Tamara clearly articulated this struggle when she stated, "I felt like I was told to check my ethnicity at the door when I entered the therapy room. I'm not used to that. How do I reconcile that when I feel like I've always been taught that my ethnicity is so much a part of who I am"?

As expected theoretically, since these belief systems of various microsystem constructs were not harmonious (for the participants), it created conflict within the developing individual and may account for conflicts in the developing therapist. In facing this collision of values, therapists indicated a needed change in the training process, where integrating all of self is as advantageous to development, not as a deficit.

Similar to the struggle between personal values and the graduate school experience, the participants also seemed to wrestle with the balance between being a spokesperson for the race and staying silent in the face of racially charged topics. Participants wavered on the importance of debunking stereotypical myths about race – making situation-dependent choices. In their development as therapists, participants see this as a conflict directly related to racial identity. Paula stated,

"I don't think the white students in our class have to go through the same things. No one is making generalizations about all white families. But I guess it's ok to do that when you're talking about Black families. Then I have to figure out, should I say something? No, I don't think white students have to worry about this at all – not in the classroom and probably not even in the therapy room. Since being Black is visible, you know, it's not something you can hide – I think I will constantly be faced with the question of should I educate this person so they're no longer ignorant or just stay out of it. Especially if it's a client – I know the answer – I should just stay out of it.

As African American therapists, participants acknowledge that how they think of themselves and their beliefs about racial identity are closely linked to their responses in the therapy setting. When conflictual messages are received in the training process, coursework, or the classroom, therapists grapple with how to remain internally consistent and how to externally present themselves.

Feminist Theory and the Integration of Power

The Model

Feminist-informed family therapy is not a distinct model of therapy or set of techniques, but rather a philosophical and political perspective (Leslie & Clossick, 1992). Practicing from a feminist perspective means being attentive to the power differentials between clients and to their outcomes, and making efforts to facilitate shared power and equality in relationships (Haddock, 2003). Feminist theory reveals the ways in which society is organized and stratified not only by gender, but also by race, class, and sexual orientation. Although feminist theory focuses on the oppression of women, training in feminist family therapy should be sensitive to the overlapping nature of various forms of oppression. As African American females, these graduate student therapists must attend to the ways in which oppression and privilege impact their development.

An interesting outcome of this study was that participants identified changes in their racial identity over time or in specific situations. This finding begins to question how power can effectively be used in the therapy setting. How can participants manage power in the clinical environment when their internal identity fluctuates?

Racial Identity Conclusions

Racial identity is a multidimensional construct (Cross, 1991; Phinney, 1996; Parham and Helms, 1985). It is shaped by oppressive and racist experiences in African-American lives (Cross, 1991). Helms (1989) noted both positive and negative experiences might influence racial identity. Similar to Cross's theory, this study supports that racial identity development is influenced by many persons and factors. In this study, various family members, teachers, and classmates were cited as influential. Cross (1991) describes racial identity at the preencounter stage as being influenced by social structures such as family, church, and school. Unlike Cross and previous studies that view racial identity as a series of stages, the data provided in this study detail the ongoing dynamism involved in racial identity and adult development from the voices of those experiencing it. This qualitative study shared rich stories from the unique perspective of African American females – their struggles in embracing, integrating, negotiating, and, at times, restraining, their racial identity as they navigate the journey to becoming clinicians. It is from their perspective that recommendations to emphasize an exploration of self (identity, values, etc.) in training programs, coursework, and supervision were brought to the forefront.

These participants remind researchers that racial identity is not to be ignored or minimized, but rather celebrated as integral part of professional development. The participants contribute immeasurable value to the field by refuting earlier beliefs that the African American racial identity is only a product of a historically stigmatized status. These individuals demonstrate resilience and insight and most importantly add a much needed voice to the literature.

Clinical Implications

Study of therapist development can potentially impact the field in several important ways. Graduate training programs can be improved by a greater understanding of the issues therapists face as they develop. This information can be used to alter coursework and supervisory style. Graduate student therapists can use the information to normalize their own experiences and anticipate issues as they develop.

Self-of-the-Therapist

Knowledge about the significance of and meaning of race in an individual's self-concept is needed to fully capture the complexity of the relationship between racial identity and any other phenomena, namely therapist development (Marks et al., 2004). Findings indicate that understanding self is critical to the development of a therapist. Therapists need to understand how they have been influenced by various systems, ways of thinking, and what they believe. Feminist scholars (Melito, 2003; Gale & Long, 1996; Whipple, 1996) emphasize that therapists enter the clinical room with their own set of values and beliefs. For clinical development, optimal training should provide opportunities for the therapist to recognize their own values and beliefs and what they are bringing to the therapeutic relationship.

The dynamic of racial identity is constantly evolving in adulthood; it is posed as complex and multilayered. Adult development is unique in that individuals vacillate between various states of racial identity, specifically when participants define racial identity as situationally based. This lack of internal consistency is undoubtedly apparent in the clinical environment. Using different definitions of self, participants are forced to reconcile a congruence with their external presentation in therapy.

Graduate Training Programs

As reported by most of the participants in this study, the training program, comprised of curriculum, faculty members, peers, and clinical experience, is an important component in their development. It is in this context that students are expected to embrace theoretical interventions, develop a therapeutic stance, and form a sense of self as a therapist. Therefore, it is especially relevant when faculty, often serving in a dual role as clinical supervisor, and students have varying belief systems that relate to clinical development (e.g. integrating racial identity and therapist identity). Given the innate power position that the faculty holds, students must decide to challenge their own belief systems, conform or resist. Unfortunately, sometimes this decision can be detrimental – there is no further addressing of the issue or acknowledging the bias and the process becomes lost – with the student blocking any further development of her own value and belief system. As Halperin (1991) suggests, the student loses self-awareness and seeks to perform as a professional and please this faculty member rather than reconciling their conflicting belief systems. As a result, much of the burden of therapist development falls on the shoulders of faculty members who are in a position to assist students in their exploration of self – their biases, beliefs, and values that will be present in therapeutic settings.

This study also has implications for the coursework required in graduate training programs. Accredited Marriage and Family Therapy programs require a course on diversity as part of the Masters curriculum. However, the findings have concluded that this sole course is not sufficient in addressing all the important elements of self contributing to development. According to the feminist perspective, even when not

explicitly articulated, the therapists' values, assumptions, and therapeutic practices underlie the therapeutic approach (Prilleltensky, 1997). From this perspective, the therapist cannot be neutral; she necessarily always operates from a value position. Not exclusive to graduate student therapists, all therapists will bring her values, belief, and ethnicity into the therapy room. Because of this, coursework should be required that looks not only at diversity, but also examines other dimensions of self. This proposed self of the therapist course, would mainly allow prospective therapists a chance to reflect on their values, biases, and lived experiences that have contributed to their personal development. Armed with this knowledge of self, students will become better clinicians – aware of biases and limitations – ultimately serving in the best of the client.

Limitations

As with any study, this research project had limitations – some that could not be controlled, and others that are related to the methodology. First, the respondents were self-selected in that they chose to participate after reviewing a recruitment flyer indicating the purpose of the research. Thus, there may have been inherent differences between this sample versus those who did not choose to participate.

Furthermore, once participants voiced interest in participating, they were sent a letter of appreciation with an elaborate description of the research topic and the purpose of the study. Upon personal contact with each of the participants, it was evident that they had already begun the work of connecting racial identity and ecological influences to their development. This may have begun with the researcher's recruitment advertisement, appreciation letter or the informed consent form. Since each document

described the goals and focus of the study, this may have biased participants in the interview process.

Another important limitation of this study involves the demographics of the sample. Although some homogeneity was expected in recruiting only African American female graduate students, there was very little age, region or educational diversity in this sample in that all of the participants were in their middle 20's, all but one were from the local area, and all were in the first or second year of graduate training in Marriage and Family Therapy. Since development is a continuous process, this study only provides a snapshot of their attitudes, beliefs, and development at a point in time. Furthermore, this small sample prevents major generalizations to the larger population of Marriage and Family Therapists and mental health practitioners in general. However, this qualitative study provides a deeper understanding of therapist development from the unique lens of African American female students in training.

Another limitation involved the interaction between the researcher and the participant. The participants were asked to reveal personal aspects about their beliefs and experiences regarding ethnicity and influential ecological constructs contributing to their development. Despite two interviews with the researcher, this may have been more difficult for some participants due to the lack of feelings of safety with the researcher or the abrupt nature of getting straight to the point of the research topic. A very directive interview style may have been uncomfortable for some and cause participants to choose answers carefully, rather than candidly. In addition, the nature of the research topic involved the need for the participants to be reflective and introspective. It became

evident that this deep knowledge of self and ability to be insightful did not come easily for some.

Since the researcher is also the instrument in qualitative research, it is important to address the interactions between the researcher and the participant as well as the nature of the research topic being addressed. The researcher and each of the participants are African American females. This may have led to a different dynamic in the participant's involvement – for some this similarity may have increased willingness to open up emotionally and for others it may have heightened reluctance to share.

As the researcher, I created interview questions and sought this line of research based on my own bias that it was important for the experiences and development of African American female student therapists to be shared. This means that I, too, contributed to the meaning-making process by deciding the content of the questions asked. This limitation is inherent in qualitative process and should be acknowledged as part of the reflexive process given the dynamic interaction that took place between the participants and me. I was very much involved in the meaning-making process as I interacted with the participants and discovered that my own developmental process and racial identity, were playing a part in the outcomes of this study. However, this study also provided an opportunity for me to reflect on much of what I considered influential in my development and some of the values and beliefs that have changed over time.

Research Implications

There are a number of ways in which the findings of this research may serve to support future research regarding therapist development. In order to better understand the therapist development process, it is critical to first look at how they define and ascribe

meaning to their racial identity, values, and experiences. This study went well beyond simply looking at “what” ecological factors and attempted to identify “how” these factors influence therapist development. Thus, it is beneficial to continue to conduct qualitative research on this development process and possibly study other mental health professionals in order to identify how other factors drive development and highlight differences that may be unique to the field of Marriage and Family Therapy.

This study also suggests implications for future research on identity. As was apparent in this study, participants explain that racial identity may shift, either situationally or over time. As racial identity is explored further in adults, the transactional nature of development (interactions with systems, individuals, etc.), is ongoing and dynamic. Racial identity can not be minimized or overlooked, as was seen in the depth of reflection provided by this study’s participants. Unlike previous research on therapist development, these participants specify the unique influence of race and demonstrate the importance of exploring this dimension further in future studies.

Future study in this area could investigate the impact of experiences on therapist development throughout various phases of the development process. This information is particularly important during the first 500 to 1000 hours of clinical experience. It is during this time that therapists generally have their most intensive supervision experiences and when the most changes in therapist development occur (Skovholt & Ronnestad, 1992).

Future research could also focus on the influence of graduate training programs on therapist development. Although this study found shortcomings in the curriculum and acknowledged the influence of faculty, it may be useful to study students at various

university training programs to ascertain consistency in these viewpoints and justify changes, if any need to be made, to the current structure of courses and training. It may also be useful to interview other racial groups to analyze if this perspective is unique to the African American females that participated in this study.

Finally, although qualitative research seems particularly suited for addressing the rich and diverse stories of individuals, quantitative methods may be incorporated to aid in the validity and reliability of the research (Miles & Huberman, 1994). The qualitative nature of this study makes it impossible to determine causal relationships that perhaps could have emerged in statistical analysis.

Conclusion

The current research, as a qualitative study, may best serve as a source for future hypotheses to be proven or disproven by more precise empirical methods. The themes presented here suggest that therapist development is a process that occurs through the individual's interaction with multiple sources of influences over a long period of time. Although graduate training has extensive influence, other sources also contribute before entering graduate school and after training is complete. The ongoing process of therapist development is distinct for each individual and will vary based on the meaning ascribed to racial identity and other ecological constructs. The research has also concluded that it is necessary to know the significance and meaning of race in an individual's self-concept to fully capture the complexity of the relationship between racial identity and other phenomena (Marks et al., 2004).

By learning more about the development of therapists, I hope to contribute to the advancement of therapy education and improve the quality of supervision. A clearer

understanding of the developmental process is helpful to establishing realistic demands in graduate education. Additionally, supervisor and supervisee will be able to establish more effective learning contracts. Also, if a more comprehensive conceptualization of therapist development is attained, other negative outcomes can be avoided, such as incompetence, burnout, and disillusionment.

APPENDIX A: INFORMED CONSENT

Ethnic Identity as a Factor in the Personal and Professional Development of African American Marriage and Family Student Therapists

My name is Kris Andrews. I am a Doctoral Candidate at Michigan State University studying Marriage and Family Therapy and I thank you for your interest in participation in this research study. The purpose of this research study is to describe the role of ethnic identity in the personal and professional development of African American female marriage and family student therapists. Most research studies on therapists simply list the racial makeup of the participants but do not address issues of ethnic identity or the saliency of ethnicity for the participants. I think it's important to understand how ethnicity shapes development.

The research is being conducted through the College of Social Sciences at Michigan State University. If you choose to participate, you will be asked to fill out a questionnaire about racial identity. You will also be asked to complete a basic demographic questionnaire. The questionnaires should take about 30 minutes total to fill out. You will also be asked to participate in an audio recorded interview. This interview will ask you questions about your personal experiences and your role as a student therapist, specifically how ethnicity has influenced your personal and professional development. The interview will be conducted by me, Kris Andrews, at your convenience in a private setting on the university campus. The interview portion will last no more than 1 ½ hours, for a total of 2 hours for the initial meeting. There will also be a follow-up interview at a later time to address questions and comments that may have come up since the interview. This interview will last no more than 30 minutes and will allow an opportunity to amend or clarify any responses from the first interview. No new questions will be asked at this time.

Potential risks of participating in this study: Talking about your experiences as you develop as a student therapist can be helpful for you. However, topics may come up in the interview that may be difficult to talk about. For that reason, you will be given a list of resources, including local therapists, if you choose to talk to a professional about any issues that arise. You are also welcome to talk to me about any questions regarding the interview or the research process.

Potential benefits of participating in this study: As compensation for your time, you will receive a \$25 gift card to Barnes and Noble Bookstores at the completion of the follow-up interview. I also believe you will benefit from understanding how your experiences have shaped your journey as a therapist. Additionally, your participation in this study will add an unrepresented voice to the field of Marriage and Family Therapy.

Your participation in this study is completely *voluntary*, and you may choose at anytime to refuse to answer a question or completely withdraw from the study with no penalty to you. You will receive the gift card, even if you withdraw early, and your information will not be used in the study. All information and audio recordings will be kept confidential. Your confidentiality will be protected to the maximum extent allowable by law. Information from your interview and questionnaire responses will only be viewed by myself and my dissertation committee members (5 people in all). All involved with sign confidentiality agreements to keep all information confidential. Your name and contact information will be kept in a locked file drawer, separate from the data. I, Kris Andrews, will be the only one with access to your name and contact information. Electronic data (interview transcriptions, digital audio recordings of interview, data coding, etc.) will be stored on the researcher's personal laptop computer. This laptop is

This consent form was approved by the Social Science/Behavioral/Education Institutional Review Board (SIRB) at Michigan State University. Approved 02/08/07 – valid through 02/07/08. This version supersedes all previous versions. IRB # 07-086.

password-protected. The data files will also be password-protected. All hard copies of data (researcher notes, questionnaire responses, etc) will be kept in a locked file cabinet at the researcher's home. Only the researcher will have a key to access the file drawer. All hard copies will be stored for 5 years or until it has outlasted its empirical usefulness, whichever comes first.

If you have any questions about this study, please contact:

Kris Andrews, LGMFT (Researcher)
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Dr. Marsha Carolan (Research Chair)
Michigan State University
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Email: carolan@msu.edu

If you have any questions about your role and rights as a research participant or are dissatisfied at any time with any aspect of the study, you may anonymously contact:

Peter Vasilenko, PhD
Director of Human Research Protections
Phone: (517) 355-2180
Fax: (517) 432-4503
Email: irb@msu.edu
Mail: 202 Olds Hall
Michigan State University
East Lansing, MI 48824-1047

If you agree to participate in this study, please sign and date here:

Name:

Date:

If you agree to be audio recorded for this study, please sign and date here:

Name:

Date:

Personal Data Questionnaire

1 Age: _____

2 Relationship Status: a. _____ Single b. _____ Married/ partnership

c. _____ Separated/Divorced d. _____ Widowed

3 Education:

	School Name	Degree	Years Attended
Undergraduate	University of California, Berkeley	B.S. in Computer Science	1998-2002
	Stanford University	M.S. in Computer Science	2002-2003
	MIT	Ph.D. in Computer Science	2003-2007
	Harvard University	Postdoctoral Fellow	2007-2008
Graduate	MIT	Ph.D. in Computer Science	2007-2010
	Stanford University	Postdoctoral Fellow	2010-2011

4 Professional License(s): Type(s) and year(s) obtained:

5 Title(s) of current professional position(s):

6 If currently a student, indicate year in graduate program and degree expected to attain:

7 Education of parent(s) or guardian(s) with whom you lived most of your life:

	Parent 1	Parent 2
some elementary	a. _____	aa. _____
completed elementary	b. _____	bb. _____
some high school	c. _____	cc. _____
high school grad	d. _____	dd. _____
some college	e. _____	ee. _____
college grad	f. _____	ff. _____

graduate/professional degree g. _____ gg. _____

- 8 How would you describe your race/ethnicity: (if necessary, you can further clarify this item)

African American/Black	a. _____
Caribbean/Caribbean American	b. _____
Mixed (specify)	c. _____
Other (specify)	d. _____

- 9 How would you describe the race/ethnicity of your biological parents:
(if necessary, you can further clarify this item)

	Mother	Father
African-American/ Black	a. _____	a. _____
Native American/ Indian	b. _____	b. _____
Chinese	c. _____	c. _____
White, Caucasian (not Latino)	d. _____	d. _____
Japanese	e. _____	e. _____
Southeast Asian	f. _____	f. _____
Latino/Hispanic	g. _____	g. _____
Mixed (specify)	h. _____	h. _____
Other (specify)	i. _____	i. _____

- 10 If your biological parents did not raise you, please describe the race/ethnicity of those individuals who primarily raised you

African-American/ Black	a. _____
Native American/ Indian	b. _____
Chinese	c. _____
White, Caucasian (not Latino)	d. _____
Japanese	e. _____
Southeast Asian	f. _____
Latino/Hispanic	g. _____
Mixed (specify)	h. _____
Other (specify)	i. _____

- 11 By percentage, please break down your client load with respect to the following racial/ethnic categories

Racial/Ethnic Group	% of Caseload
a African-American/ Black	_____
b Native American/ Indian	_____
c Chinese	_____
d White, Caucasian (not Latino)	_____
e Japanese	_____
f Southeast Asian	_____
g Latino/Hispanic	_____
h Mixed (specify)	_____

i Other (specify)

12 Average personal income

- a. _____ Under \$20,000
b. _____ \$20,000-39,000
c. _____ \$40,000-59,000
d. _____ \$60,000-79,000
e. _____ \$80,000-99,000
f. _____ \$100,000 and above

13 Average income of spouse/significant other: (use letters above)

14 Average income of mother (or guardian) before retirement: (use letters above) _____

15 Average income of father (or guardian) before retirement: (use letters above) _____

16 Please complete the following:

	Birthplace	Date Emigrated (if applicable)
You		
Mother (Guardian)		
Father (Guardian)		

17 Provide the following information for all places you have lived for more than 3 years.

	City & State	Age of Residence	Average Income of Neighborhood (lower, middle, upper)	Race (use letters above)	Type of Community (urban, rural, military, etc.)
1					
2					

	City & State	Age of Residence	Average Income of Neighborhood (lower, middle, upper)	Race (use letters above)	Type of Community (urban, rural, military, etc.)
3					
4					

APPENDIX C: SEMI STRUCTURED INTERVIEW QUESTIONS

Racial Identity Questions

5. Describe your racial identity. Have you ever identified yourself differently in different situations? Why?
6. What prejudices are you aware that you hold?

Family of Origin Questions

1. How important was race/racial identity in your family when you were growing up?
 - a. Were issues of race/racial identity openly discussed?
2. Think back to the time when you were growing up. Can you give me a few examples of meaningful race/racial identity related incidents which happened to you?
 - a. What were your reactions?
 - b. How do they affect you even today?
 - i. Looking back, how was all of this helpful to who you are now?
How was it detrimental?

Graduate Training Questions

1. What about the recent past, since starting graduate school, can you give me any examples of race/racial identity related incidents which happened to you or that you witnessed?
 - a. What was your reaction? How has that affected you?
 - b. Upon reflection, do you wish you handled things differently? How?

2. How has race/racial identity been dealt with in your training program?
 - a. Give examples of race/racial identity- related incidents which you felt were difficult and positive. What did you think /feel? What did you do?
 - b. Have you ever felt you were viewed as the “spokesperson for your ethnicity”? How have you handled this?
3. How has training as a marriage and family therapist affected (enhanced or diminished) your racial identification or your feelings about your culture?
4. Have you experienced pressure to be/act white? Give examples and your reactions. What strategies did you use to do so?

Clinical Experience Questions

1. How influential do you think racial identity is for you as you develop into a therapist? Give examples.
2. Briefly tell me about your current client load? # and demographics? Would you say you’ve had a chance to work with a diverse group of clients?
3. Do you think your credibility is enhanced or diminished because of your race? In whose eyes? Do you feel that you had to give up any aspects of your racial identity? What are your feelings about having to do so?
4. How much do you bring up/point out racism directly to your clients?

Power Questions

1. As you develop as a therapist, you may have encountered a power dynamic in various relationships. Can you tell me how the role of power in your family of origin, graduate training, and clinical experience?

2. In your clinical experience, how have you managed the role of power in your therapy with clients?
3. How have you viewed power in your development as a therapist (your intervention, stance, etc.)

Questions for Foundational Knowledge and Possible Future Research

1. What propelled you getting into marriage and family therapy?
 - c. Tell me about the process of your decision making.
 - d. What factors have contributed to your survival and success?
 - e. What factors have been obstacles to your success?
2. How do you think your racial group views you?
 - a. How do you think the white majority culture views you?
 - b. Have you ever felt isolated? How have you handled that?
3. When you think about yourself in group situations – when you are with others of your own racial group or the white majority culture,
 - a. How do you sometimes feel different from your own racial group?
 - b. How do you feel a part of your own racial group?
 - c. How do you sometimes feel different from the white majority culture?
 - d. How do you feel a part of the white majority culture?
 - e. How do you straddle the cultures?
4. Are there particular cultural/racial/ethnic groups with whom you get along better/worse than others?
5. As a student therapist, you are learning many theoretical interventions. Which theories best fit for you so far?

6. Do you think there is a particular therapy style/theory that works better for people of color?
7. How would you describe your role as an African American therapist working with clients of same or difference ethnicities? What have been your experiences?
8. When a racial/ethnic related issue is brought up in therapy, how do you handle your thoughts and emotions – with client and internally? Specifically, your level of empathy toward client, your level of self disclosure, if you could go back, would you make any changes to your interventions?
9. How do you think racism shows itself in the field?
10. With respect to race, what changes do you think should be made in the professional settings in which you have worked, in training programs, and in the profession in general?

APPENDIX D: MULTIDIMENSIONAL INVENTORY OF BLACK IDENTITY

Sellers, R. M., Smith, M. A., Shelton, J. N., Rowley, S. A. J. & Chavous, T. M. (1998). Multidimensional model of racial identity: A reconceptualization of African American racial identity. *Personality and Social Psychology Review*, 2(1), 18-39.

		Strongly Disagree	Neutral					Strongly Agree
1	Overall, being Black has very little to do with how I feel about myself	1	2	3	4	5	6	7
2	It is important for Black people to surround their children with Black art, music, and literature	1	2	3	4	5	6	7
3	Black people should not marry interracially	1	2	3	4	5	6	7
4	I feel good about Black people.	1	2	3	4	5	6	7
5	Overall, Blacks are considered good by others	1	2	3	4	5	6	7
6	In general, being Black is an important part of my self-image.	1	2	3	4	5	6	7
7	I am happy that I am Black.	1	2	3	4	5	6	7
8	I feel that Blacks have made major accomplishments and advancements.	1	2	3	4	5	6	7
9	My destiny is tied to the destiny of other Black people	1	2	3	4	5	6	7
10	Blacks who espouse separatism are as racist as White people who also espouse separatism	1	2	3	4	5	6	7
11	Blacks would be better off if they adopted Afrocentric values	1	2	3	4	5	6	7

12	Black students are better off going to schools that are controlled and organized by Blacks	1	2	3	4	5	6	7
13	Being Black is unimportant to my sense of what kind of person I am	1	2	3	4	5	6	7
14	Black people must organize themselves into a separate Black political force	1	2	3	4	5	6	7
15	In general, others respect Black people	1	2	3	4	5	6	7
16	Whenever possible, Blacks should buy from other Black businesses	1	2	3	4	5	6	7
17	Most people consider Blacks, on the average, to be more ineffective than other racial groups	1	2	3	4	5	6	7
18	A sign of progress is that Blacks are in the mainstream of America more than ever before	1	2	3	4	5	6	7
19	I have a strong sense of belonging to Black people	1	2	3	4	5	6	7
20	The same forces which have led to the oppression of Blacks have also led to the oppression of other groups	1	2	3	4	5	6	7
21	A thorough knowledge of Black history is very important for Blacks today	1	2	3	4	5	6	7
22	Blacks and Whites can never live in true harmony because of racial differences	1	2	3	4	5	6	7
23	Black values should not be inconsistent with human values	1	2	3	4	5	6	7
24	I often regret that I am Black	1	2	3	4	5	6	7
25	White people can never be trusted where Blacks are concerned	1	2	3	4	5	6	7
26	Blacks should have the choice to marry	1	2	3	4	5	6	7

interracially

27	Blacks and Whites have more commonalities than differences	1	2	3	4	5	6	7
28	Black people should not consider race when buying art or selecting a book to read	1	2	3	4	5	6	7
29	Blacks would be better off if they were more concerned with the problems facing all people than just focusing on Black issues	1	2	3	4	5	6	7
30	Being an individual is more important than identifying oneself as Black	1	2	3	4	5	6	7
31	We are all children of a higher being, therefore, we should love people of all races	1	2	3	4	5	6	7
32	Blacks should judge Whites as individuals and not as members of the White race	1	2	3	4	5	6	7
33	I have a strong attachment to other Black people	1	2	3	4	5	6	7
34	The struggle for Black liberation in America should be closely related to the struggle of other oppressed groups	1	2	3	4	5	6	7
35	People regardless of their race have strengths and limitations	1	2	3	4	5	6	7
36	Blacks should learn about the oppression of other groups	1	2	3	4	5	6	7
37	Because America is predominantly white, it is important the Blacks go to White schools so that they can gain experience interacting with Whites	1	2	3	4	5	6	7
38	Black people should treat other oppressed people as allies	1	2	3	4	5	6	7

39	Blacks should strive to be full members of the American political system	1	2	3	4	5	6	7
40	Blacks should try to work within the system to achieve their political and economic goals	1	2	3	4	5	6	7
41	Blacks should strive to integrate all institutions which are segregated	1	2	3	4	5	6	7
42	The racism Blacks have experienced is similar to that of other minority groups	1	2	3	4	5	6	7
43	Blacks should feel free to interact socially with White people	1	2	3	4	5	6	7
44	Blacks should view themselves as being Americans first and foremost	1	2	3	4	5	6	7
45	There are other people who experience racial injustice and indignities similar to Black Americans	1	2	3	4	5	6	7
46	The plight of Blacks in America will improve only when Blacks are in important positions within the system	1	2	3	4	5	6	7
47	Blacks will be more successful in achieving their goals if they form coalitions with other oppressed groups	1	2	3	4	5	6	7
48	Being Black is an important reflection of who I am	1	2	3	4	5	6	7
49	Blacks should try to become friends with people from other oppressed groups	1	2	3	4	5	6	7
50	The dominant society devalues anything not White male oriented	1	2	3	4	5	6	7
51	Being Black is not a major factor in my social relationships	1	2	3	4	5	6	7
52	Blacks are not respected by the broader society	1	2	3	4	5	6	7

53	In general, other groups view Blacks in a positive manor	1	2	3	4	5	6	7
54	I am proud to be Black	1	2	3	4	5	6	7
55	I feel that the Black community has made valuable contributions to the society.	1	2	3	4	5	6	7
56	Society view Black people as an asset	1	2	3	4	5	6	7

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